2001 CADCA Conference Edition

2001 Annual Report of Science-Based Prevention Programs

From the Center for Substance Abuse Prevention

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

Acknowledgments

This document marks CSAP's progress towards fulfilling its commitment to bringing effective, science-based prevention to every community across the country.

One of several in a new series developed by CSAP, this conference-edition document articulates CSAP's policy direction and guidance to the field on prevention programs that we know can be effective in creating positive change. These documents are products of the collaboration among CSAP, States, the National Prevention Network (NPN), Community Anti-Drug Coalitions of America (CADCA), and representatives from both the research and practice communities. As such, they represent our collective best thought and guidance on effective prevention.

As CSAP continues to build its National Dissemination System to identify and encourage effective prevention and provide capacity building opportunities for states and communities, these documents will evolve in nature and content. Throughout this evolutionary process, CSAP will collaborate with States, intermediary organizations, and community practitioners, and will listen and learn about the challenges encountered in moving the field of prevention forward. CSAP will integrate this feedback, developing new guidance to support the field as it continues to grow and advance.

CSAP is proud of our collaboration with the field and the documents that have resulted. We especially would like to acknowledge the significant contributions of Steven Schinke, Ph.D., a senior social scientist affiliated with CSAP's *National Center for the Advancement of Prevention.*

Ruth Sanchez-Way, Ph.D.
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From the Center for
Substance Abuse Prevention

DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Rockville MD 20857

NOV 27 2001

Dear Colleague:

The Center for Substance Abuse Prevention (CSAP) is pleased to present a new series of knowledge tools intended to assist States, communities, and health providers in delivering effective substance abuse prevention. Designed to promote the use of effective substance abuse prevention programs and practices, these products present the current state of knowledge on effective prevention programming and chart a practical process for demonstrating results.

Prepared for the National Leadership Forum XII of the Community Anti-Drug Coalitions of America (CADCA), CSAP's *2001 CADCA Conference Editions* include:

2001 Annual Report of Science-Based Prevention Programs
From the Center for Substance Abuse Prevention

Comparison Matrix of Science-Based Prevention Programs
A Consumer's Guide for Prevention Professionals

Finding the Balance: Program Fidelity and Adaptation in Substance Abuse Prevention
A State -of- the- Art Review

Prevention Works! A Practitioner's Guide to Achieving Outcomes

Developed by CSAP with its National Center for the Advancement of Prevention, the *2001 CADCA Conference Editions* will be presented at the Forum and made available electronically on CSAP websites specifically identified on the inside back cover of each product.

Please know that you are a valued partner in the national effort to advance the field of prevention. We look forward to working in partnership with you to bring effective prevention to all States, communities, and health providers across the country.

Sincerely yours,

Ruth Sánchez-Way

Ruth Sanchez-Way, Ph.D.
Director
Center for Substance Abuse Prevention

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2001 Annual Report of Science-Based Prevention Programs

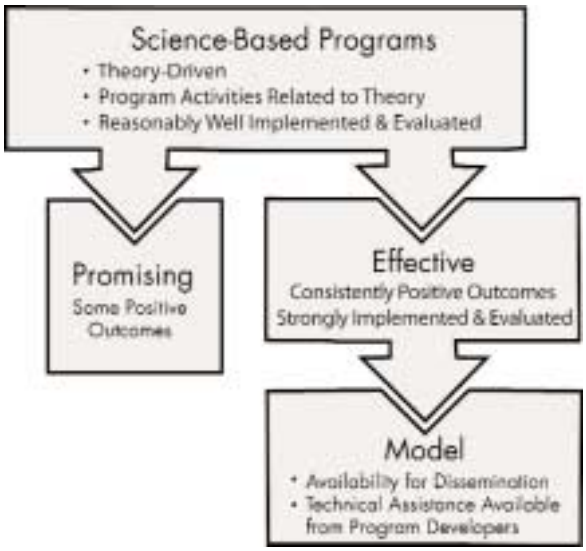
Overview of Progress for 2001

The Center for Substance Abuse Prevention (CSAP) is pleased to present its "Annual Report of Science-Based Prevention Programs" for the year 2001. In organizing this "Report," CSAP not only brings to the field new knowledge that has emerged since last year's publication, but also presents a forum to review challenges facing prevention practitioners and policymakers.

Moreover, this "Report" serves as an invitation for you, our constituency, to shape the work of CSAP and to help construct the scientific base upon which our prevention foundation is built. Because this "Report" is useful to the extent that it stimulates new growth in prevention programming, we rely on you—members of the practice field to whom we are responsible—to guide our current direction and to shape our future activities that will comprise the content of the "2002 Annual Report."

Thus, we are using this year's "Report" to again ask the field to submit innovative prevention programs, including environmental interventions, for review through CSAP's National Registry of Effective Prevention Programs (NREPP). Via the CSAP's NREPP process, programs will be reviewed according to 15 criteria specified later in this "Report" and examined in detail in the Appendix. Programs that are reviewed are designated as "promising," "effective," or having "insufficient current (scientific) support." Programs identified as "effective" are eligible for national dissemination under CSAP's auspices. Effective programs that are available for dissemination are labeled "model" programs in CSAP's typology of science-based programs (see Exhibit 1 and Appendix). However, all reviewed programs benefit from the NREPP review process by gaining valuable feedback on how to strengthen the quality of their scientific support.

EXHIBIT 1



CSAP is moving quickly to bring exciting new products to the substance abuse prevention marketplace. Through NREPP, we are finding effective programs that have proven success in reducing substance abuse and related problems among America's children, youth, and adults. Our dissemination efforts help those programs reach schools, community agencies, and policymakers committed to quality prevention programming. Presentations at National workshops enable interested organizations and individuals to learn firsthand about those programs and receive training in them.

Through State Incentive Grants, CSAP provides essential resources for the implementation of science-based programs and other prevention activities. Work underway at CSAP's National Center for the Advancement of Prevention (NCAP) is measuring the active ingredients in model prevention programs. That work will enable those involved in planning and delivering programs to better identify what intervention components are key to reaching positive outcomes. This core components analysis will give the field needed guidance to assess and structure new, existing, and modified programs. A parallel effort seeks to quantify the extent to which science-based programs can be adapted without losing their effectiveness—a balance between the fidelity and adaptation of an effective program being essential.

Selecting CSAP-approved promising or effective programs offers hope for the future direction of prevention programming in this country. Best of all, such moves improve CSAP efforts to help America's children, youth, and adults avoid serious problems with drugs and other substance abuse.

Finally, if imitation is the greatest form of flattery, then CSAP benefits by the attention accorded to its ideas by others. Our NREPP process is being widely copied by other government agencies and by non-governmental bodies. Paralleling CSAP's early work in this area, considerable national attention is being devoted to the dissemination of science-based prevention programs. Moreover, our interest in identifying the core components of effective prevention programs also is mirrored by other Federal agencies. Lastly, CSAP leads the field with its commitment to balancing fidelity and adaptation in program implementation.

This "2001 Annual Report of Science-Based Prevention Programs" manifests CSAP's commitment to informing the field about the latest scientific information on substance abuse prevention. Building on the first annual summary released last year, this year's "2001 Annual Report" reviews existing and recent advances in science-based knowledge on substance abuse prevention, lists research findings associated with science-based prevention programs, reports progress on finding answers to questions raised in last year's report, poses new questions for the future, summarizes the yield from CSAP's National Registry of Effective Prevention Programs (NREPP), and lists in tabular format essential elements of model programs identified by NREPP.

OUR MISSION

The mission of the Center for Substance Abuse Prevention (CSAP) is to develop, synthesize, and disseminate policies and programs for preventing substance abuse in all communities. To this end, CSAP compiles prevention knowledge, identifies and promotes effective programs, and builds capacity among the states to bring prevention knowledge and science-based programs to communities across the United States.

What Scientists Know About Prevention

To synthesize and disseminate information about substance abuse prevention, CSAP relies on scientific knowledge. Science-based knowledge accrues from research findings that, for CSAP's purposes, inform the understanding and reduction of substance abuse in America. The field has changed dramatically in the past three decades; in the last year alone, significant new findings have emerged to direct efforts to prevent substance abuse in America.

Research in the field of substance abuse has focused on two interrelated areas: risk factors and protective factors. Both involve attitudes, behaviors, beliefs, and actions; but they are very different. *Risk factors* increase an individual, a group, or a community's vulnerability to substance abuse. *Protective factors* build a resiliency in the same individual, group, or community and increase the likelihood that they will successfully resist substance abuse and its related effects.

Scientists have determined that both risk and protective factors are critical components of substance abuse prevention and must be fully understood, but neither alone provides all the answers. Risk factors and protective factors are woven together in a tight, interactive web, and prevention programs must build on the body of knowledge that exists in both areas of study.

Further, research has revealed that the interactive web of risk and protective factors extends across all areas of our lives; one model constructs seven "domains," or life areas—each with its own risk and protective factors. Those seven domains are individual, peer, family, school, community, workplace, and society.

Researchers report that prevention programs can achieve positive outcomes in one or more domains. When these outcomes are achieved, the result is that substance abuse is delayed, reduced, or prevented altogether. With that knowledge, prevention programs today target more than one domain as a means of leveraging the positive outcomes and extending their benefit. Researchers also recommend multiple interventions, which, if science-based, often can enhance the outcomes achieved.

With science as the foundation, prevention programs can take advantage of insights like these and further evaluate prevention programs to determine which are the most effective.

The rise in the past 25 years of the theory of resilience is a clear example of the impact that science-based prevention programs can have. Researchers identified and then studied the notion that "resilient" individuals—those with a specific set of learned characteristics—are better able to resist destructive behaviors, including substance abuse. Researchers noticed that this resiliency protected individuals even when they were surrounded by risk factors such as poverty, parents who were substance abusers, or a dysfunctional family. Over a quarter century, the research into the theory of resiliency has named the characteristics of resilient people, noted that they are learned behaviors, and evaluated prevention programs that teach these behaviors to people who are exposed to risk factors in one or more of their domains. Because resiliency also takes hold across domains, the science-based programs that teach these skills have a direct and lasting impact on reducing and preventing substance abuse.

The list that follows briefly highlights recent and existing scientific knowledge about the relationship between these life domains and risk and protective factors for substance use. This knowledge continues to grow; thus, the list is neither comprehensive, nor exclusive.

Risk and Protective Factors

The following is a review of recent and existing scientific knowledge about the relationship between life domains and risk and protective factors for substance use. The italicized text indicates new research.

Individual

- *The prevalence of alcohol and illicit drug use is seven to 10 times higher in smokers than in non-smokers.* [1]

- Youth who believe that cigarettes or drugs will cause them physical harm are less likely to smoke or use drugs.[2] Young people tend to be more concerned about the immediate effects of substance use than about the long-term effects.[3, 4, 5]

- Sensation seeking, a personality trait involving preferences for novel, unusual, or risky situations [6, 7, 8] *is linked with tobacco use* [9, 10] and drug and alcohol use.[11, 12, 13, 14, 15]

- *Young adults who experiment with alcohol and drugs before sex, have sex with different partners, and have inconsistent safe-sex practices, are at risk of HIV.* [16]

- Inappropriate expression of anger increases the chances of forming deviant peer associations and increases the chances of developing deviant norms around substance use and other risks.[17] Conduct disorders, anxiety, and aggression may be precursors of later drug use.[18, 19, 20, 21] Arrests for assault correlate with youthful substance abuse.[22]

- *Youths at highest risk are often not only frequent and heavy users of tobacco and alcohol, but are also poly-substance users and have high levels of problems in social functioning, criminal activity, psychological distress, physical health, HIV risk, and substance dependence.* [23]

- *Relative to HIV risk, young females are more likely than young males to have shared needles and had sex in exchange for drugs or money, with an HIV infected partner, and with an injection-drug user.* [24]

- *Co-morbid psychiatric and substance use diagnoses are attributed to adolescents with more behavior problems,* [25] *and functioning impairment.* [26] *Favorable treatment outcome of drug-abusing adolescents is two to three times more likely if treatment is completed than if it is not completed or if no treatment is received at all.* [27]

- Among boys especially, aggressive and disruptive classroom behavior predicts substance abuse.[28]

- *Differential treatment profiles between genders among adolescent substance abusers reveal that males report lower perceived family support, support from friends, incidents of residential treatment and truancy while females have high levels of depression, family support, support from friends, history of abuse, self-mutilation, past residential treatment, suicidality, and truancy. Additionally,*

Note: For the extensive list of footnote references in this section, please see the Appendix.

female profiles were lower than males in unusual harmful behavior (fire-starting and animal cruelty), all arrests except for sexual offense (prostitution), academic performance, and sexual activity.[29]

- *Smoking-attributable deaths create single-parent headed households, resulting in increased Social Security costs.*[30] *Smoking is the leading cause of residential and total fire deaths.*[31]
- Youth who have conventional values are less likely to abuse substances,[32] as are youth who value academic achievement more than independence.[33]
- Youth who possess a variety of social competencies or life skills resist substance abuse;[34] *whereas decisionmaking skills, personal efficacy, and beliefs about the negative benefits of smoking are important in preventing cigarette smoking.*[35]
- *Youth who engage in problem behaviors are at risk for using tobacco, alcohol, and other drugs.*[36, 37] *Such risk behaviors as rebelliousness are influential for smoking in both males and females.*[38, 39]
- Increased use of alcohol and marijuana at younger ages is related to riskier sexual activity and increased use of alcohol and marijuana as young adults.[40]

Family

- Poor parenting practices exacerbate antisocial behavior in childhood and adolescence and can predict adolescent substance abuse.[41, 42, 43] Children's substance use is also predicted by nonexistent or inconsistent parental discipline;[44, 45] whereas disciplinary techniques that include clear limit-setting and consistent rewards for positive behavior are associated with reduced substance use.[46, 47]
- *Low parent-child bonding is associated with substance use risk.*[48] *Bonding is of particular consequence for migrant families,*[49] along with perceived parent child communication in these families.[50, 51] Prevention programs that acknowledge and address differential family acculturation have produced positive effects.[52]
- Positive family dynamics are associated with positive bonding among family members,[53] and close and mutually reinforcing parent-child relationships are linked with less substance abuse.[54, 55, 56]
- Strong parent-child attachment leads to children's internalization of traditional norms and behavior, which in turn leads to less substance use and nonuse.[57]
- *Age,*[58] *increased family size,*[59] *parental smoking, sibling smoking, and living with a single parent are associated with regular active smoking in adolescents.*[60] *Parental substance abuse disorders also predict substance abuse in offspring during adolescence.*[61]
- Parental monitoring and supervision of children's activities and relationships protect against substance abuse.[62, 63, 64]

Note: For the extensive list of footnote references in this section, please see the Appendix.

- Besides such risk factors for substance use as age, psychosomatic status, and psychotropic drug consumption, at-risk youths also report an un-stimulating family atmosphere, living situations that do not include their mother and father, and negative perceptions of health; mothers who do not work outside the home may influence on protective influence on substance use among their adolescent children.[65]

School

- Poor school performance, absenteeism, prior drop-out status, and referrals from school personnel of youth at risk for drop-out, predict future truancy, drop-out, and drug involvement.[66, 67, 68, 69, 70, 71] Conversely, outstanding school performance can reduce the likelihood of frequent drug use,[72] and *engagement in school activities and sports, being drunk less frequently, and better family role models reduce the likelihood of future substance use.*[73]

- School bonding protects against substance abuse and other problem behaviors.[74]

- Negative, disorderly, and unsafe school climate can contribute to problematic developmental outcomes among students.[75]

- Teacher and student perceptions of firm and clear rule enforcement are linked with reduced school disorder, an outcome associated with substance nonuse.[76]

- A severe lag between chronological age and school grade places youths at risk for substance abuse.[77] Youth in alternative high schools face elevated risks of substance use.[78] Compared to public school students, those in private schools report higher rates of alcohol use, drunk driving, binge drinking, smoking, marijuana use, and drug-impaired sexual activity.[79]

- *Severe substance use is associated with higher likelihood of drinking at school with alcohol users more likely to drink at home or at a friends' house. Drug users were more likely to report substance use outdoors, at a friends' house, at parties, and at school.*[80]

- *Though many school-based prevention programs employ a social-influences approach based on cognitive-behavioral theory, new data call into question the efficacy of these approaches.*[81, 82]

Peers

- Peer substance use is among the strongest predictors of substance use,[83, 84, 85] a finding confirmed across ethnic-racial groups,[86, 87, 88, 89] though peer influences are weaker for black youth than for Latino or white youth.[90, 91] Across all groups, young people overestimate peer substance use.[91, 92, 93, 94, 95]

- *Peer pressure and peer conformity are stronger predictors of risk behaviors than measures assessing popularity, general conformity, or dysphoria.*[96]

Note: For the extensive list of footnote references in this section, please see the Appendix.

- Sustained involvement in structured peer activities, including extracurricular programs, is linked with low levels of drug use.[97, 98, 99, 100]

- Associating with deviant peers strongly predicts early substance use.[101, 102] Low acceptance by peers appears to place youth at risk for school problems and criminality, which are risk factors for substance abuse.[103, 104] Youth who are strongly peer-oriented or who have a strong external locus of control are vulnerable to substance use and other problem behaviors.[105]

- Peer involvement in intervention implementation and normative education appears critical.[106, 107, 108, 109]

Community

- Ready access to tobacco, alcohol, and other drugs increases the likelihood that youth will use substances[110, 111, 112, 113] *and among students, males specifically obtain tobacco over alcohol from commercial sources.*[114]

- *Monetary incentives to entice adolescents to participate in smoking-related community surveys increase response rates, but incentives do not adversely affect youths' willingness to participate in smoking cessation interventions.*[115]

- *Community-based, rural area interventions for HIV/AIDS prevention programs have a positive impact on adolescent sexual risk taking.*[116]

- Communities lacking resources are vulnerable to high rates of adolescent substance abuse.[117, 118, 119, 120, 121]

- Community awareness and media efforts can improve perceptions about the likelihood of apprehension, and reduce noncompliance.[122] Counter-advertising on their hazards reduces sales of cigarettes[123, 124] and their consumption;[125, 126, 127] whereas conspicuous labeling influences awareness and behavior.[128, 129,130]

Environment

- The ability to purchase alcohol is related to consumption and problem behavior,[131, 132, 133, 134, 135, 136, 137] *whereas minority ethnic status*[138] *is related to increased ability to purchase cigarettes.*

- *The likelihood of smoking is increased among adolescents who own or are willing to use a cigarette promotional item; smoking initiation decreases when such items are lost or youths become unwilling to use the items.*[139]

- *Cigarette brand-specific magazine advertising influences brand market share, brand of initiation*

Note: For the extensive list of footnote references in this section, please see the Appendix.

among new smokers, brand smoked by current smokers, and the brand advertised, which attracts the most attention.[140] *Declines in cigarette promotions and advertising and increases in antismoking message awareness have been reported by some students.*[141]

- Though underage youth access to tobacco is widespread,[142, 142, 143, 144, 145, 146, 147, 148, 149] when merchants comply with bans against underage sales, purchase rates are commensurately lower.[150, 151]
- Neighborhood anti-drug strategies (e.g., citizen surveillance, nuisance-abatement programs), can dislocate dealers and reduce the number and density of retail drug markets while also lowering other crimes.[152, 153, 154, 155, 156, 157]
- Increasing the price of alcohol and tobacco through excise taxes reduces consumption[158, 159, 160, 161, 162, 163] and local tobacco sales ordinances reduce the likelihood of youths in becoming established smokers.[164]
- Raising the minimum purchase age for alcohol decreases use among youth,[165, 166] particularly related to beer consumption,[167] and lowers alcohol-related traffic accidents.[168, 169]

Workplace

- Adolescents who work more than 15 hours a week may face increased risk for substance abuse.[170]
- Stress in the workplace may modestly elevate alcohol consumption.[171, 172, 173]
- Alienation from work may increase employees' drinking behavior,[174, 175] though such findings have been challenged.[176, 177] Employee drug use is linked with job estrangement and alienation.[178]
- Occupations have widely varied drinking norms,[179] and heavy-drinking occupations attract employees prone to this.[180]
- When employers communicate company policy disapproving of substance use or abuse, workplace norms change,[181, 182] though lunchtime drinking in the workplace is fairly common.[183]
- Urine testing can identify job applicants who have used illegal drugs in the recent past.[184] Random drug testing is on the rise,[185] and enjoys substantial public support.[186]
- Worker hangovers impact on cognitive and motor functions, creating risks of impaired judgment, interpersonal conflict, and injuries,[187] but are a neglected contributor to job performance problems.[188, 189]

Note: For the extensive list of footnote references in this section, please see the Appendix.

Emerging Issues in Implementation of Prevention Programs

Last year's "Annual Summary" introduced several issues that demanded attention from prevention researchers, policymakers, and practitioners. Those issues were fidelity and adaptation and core components analysis. In this year's "Annual Report," we review the continuing importance of those issues for science-based prevention and describe progress to date in addressing them.

Fidelity and Adaptation

Fidelity defines the extent to which the delivery of a prevention program conforms to the curriculum, protocol, or guidelines for implementing that program. If a program is delivered exactly as intended by its originator, the program has high fidelity. A program whose delivery varies considerably from its intended implementation has low fidelity. Because programs implemented with high fidelity are more likely than those with low fidelity to achieve their original results—positive outcomes—fidelity is an important issue for prevention practice.

Adaptation defines the degree to which a prevention program undergoes implementation changes to fit a particular delivery situation. Seemingly the antithesis of fidelity, improper adaptation can indeed damage program integrity. This would happen if a program were adapted so drastically that it could not be delivered as originally intended.

Paradoxically, however, the adaptation process may render a program more responsive to a particular target population. Adaptation can increase a program's cultural sensitivity and its fit within the neighborhood for which it is being implemented. The quality of adaptation may, in fact, be key to a prevention program's acceptance by its intended end users.

Yet, a prevention program even slightly adapted could diverge greatly from the very parameters that made it successful. A heavily adapted program, furthermore, could be so changed from its origins that it is unable to deliver to its recipients the qualities sought by those who adopted it. How much to adapt a program before it loses its effectiveness is an issue very much in need of practical research.

Research in other fields suggests that adapting prevention programs is acceptable up to a "zone of drastic mutation," after which further modification will detract from the program's integrity and effectiveness. Clearly, we need to find the limits of this zone and share that knowledge with the field. In so doing, we can discover and disseminate substance abuse prevention programs that are flexible and effective. Programs need to anticipate and allow for modifications. Such modifications can facilitate a sense of ownership, which in turn may contribute to the success and durability of a prevention program.

Work underway through CSAP sponsorship is beginning to shed light on how prevention practitioners can **balance** fidelity and adaptation toward delivering programs that are robust and true to their origins, yet responsive and meaningful to their target constituencies. That work is happening on two fronts: a review of research and a core components analysis.

Research Review

In 2000, CSAP commissioned a comprehensive review of the knowledge base on program fidelity and adaptation in substance abuse prevention and related fields, including the implications of that work for implementing drug abuse prevention programs. Besides identifying gaps in the knowledge base and working to find new

answers to questions on the balance between adaptation and fidelity, the review outlines directions for prospective efforts to improve our understanding of these concepts.

After studying the available research on fidelity and adaptation issues in substance abuse prevention, the review put forth three recommendations:

1. Build capacity in the substance abuse prevention field to balance program fidelity and adaptation. Prevention program developers and those implementing prevention programs must learn how to methodically conduct a fidelity/adaptation review. As feasible, persons interested in program fidelity and adaptation should receive training specific to these issues.

2. Create training materials for balancing program fidelity and adaptation in substance abuse prevention. Knowledge of these matters is not innate. Those mandated to develop and offer training opportunities can fill the need for responsive materials and workshops through the auspices of the CAPTs, the National Prevention Network, CADCA, and other field organizations.

3. Conduct additional study on fidelity and adaptation issues. Undertaken by NCAP, new investigation is proceeding on the operational elements of fidelity and adaptation as they can inform effective program delivery. One direction for that study is a core components analysis, as described in the next section of this "Report." NCAP also is studying program developer and implementer views on these issues, strategies for designing fidelity instruments, and possible prospective research designs.

Core Components Analysis

The second area of CSAP's work on fidelity and adaptation is an examination of the essential ingredients included in a prevention program. Because prevention programs draw on the same body of knowledge—including theory, scientifically grounded principles, and proven strategies—effective programs share much in common. Practitioners and researchers alike are increasingly interested in isolating the active, or core, ingredients that account for prevention program success.

If we know why a prevention program had an impact, we can in the future emphasize those components that exert the greatest influence. Likewise, knowing what works will decrease the chances of eliminating a crucial programmatic component for the sake of expediency, time, or economy. Core components analysis thus serves multiple ends in substance abuse prevention practice and research.

The relevance of core components analysis to fidelity and adaptation is clear. Once the active ingredients of a prevention program are specified, practitioners can determine which elements must remain to achieve fidelity, and they can change elements shown less essential and thereby adapt the program with confidence.

See the Appendix for a detailed discussion and recommendations on core components analysis and research.

Issues for Future Investigation

Notwithstanding ongoing progress toward answering questions posed in last year's "Annual Summary," emerging issues in the prevention field will also command attention during the coming year. Chief among those issues is the need to assess implementation of effective prevention programs in the field. Such monitoring could reveal how programs are adopted, what challenges adopters encounter in their decisions to implement and adapt programs, and the degree to which results from implementations affect substance use rates in the adapting communities and institutions.

The coming year also will witness continued effort to screen and identify effective and promising programs for substance abuse and other problem behavior prevention, as detailed in the following section of this "Annual Report." And, as noted in the foregoing section, core components analysis will consume a considerable amount of time and effort during the coming year as we draw upon all model programs for direction about what works in prevention programming.

Particular attention in the next year will be given to measuring fidelity and adaptation among State Incentive Grant (SIG) recipients. Because SIG recipients are required to devote one-half of their prevention program resources to science-based programs, SIG states are ideal field test sites for assessing the relationship between program delivery parameters and outcome results. The number of State recipients and sub-recipients—those local entities responsible for program delivery—will assure a large, representative, and robust sample of field sites to measure issues related to fidelity and adaptation.

National Registry of Effective Prevention Programs

To assist its practice and policymaking constituents in learning more about science-based prevention programs, CSAP created a National Registry of Effective Prevention Programs (NREPP). The mission of NREPP is to identify, review, and disseminate effective prevention programs.

Sources of NREPP Candidate Programs

Candidate programs for NREPP review come from four primary sources: reviews in scientific literature, assessments by other agencies, CSAP recommendations, and nominations from the field.

Reviews in scientific literature—Reports on prevention programs that have been published in scholarly journals provide many candidate programs. Recent years, in particular, have witnessed the publication of many successful prevention efforts. NREPP staff regularly scan scientific journals and refer relevant programs for review. Unsurprisingly, scientific reports of prevention programs in the scholarly literature often substantiate outcome effects in a careful manner.

Assessments by other agencies—Lists of effective programs assessed by other agencies provide a second source of programs for NREPP review. Both Federal agencies (e.g., National Institute on Drug Abuse, Centers for Disease Control and Prevention, Department of Education) and nongovernmental bodies have reviewed programs through processes similar to NREPP. Although not usually employing the same criteria as used by NREPP, these other organizations nonetheless follow a rigorous process to screen and select prevention programs that have shown positive results. From such listings, NREPP identifies prevention programs for its own review.

CSAP recommendations—The third source of programs for NREPP is CSAP. Using final reports submitted by its grantees, CSAP sends NREPP information about programs developed, tested, and implemented by those grantees. Since final reports are written with great attention to detail, they generally contain all the information needed for a thorough NREPP review.

Field nominations—Responding to invitations from CSAP—posted on its Web site (www.samhsa.gov/centers/csap/modelprograms/nrepp.htm), mailed directly to agencies in the field, and announced at national conferences—grassroots program developers are encouraged to send NREPP documentation of their successful efforts. Programs developed in the field are apt to reflect everyday realities in a manner not possible in academic or other removed settings. Accordingly, these programs are strong candidates for NREPP and are the most desirable programs for subsequent dissemination. Though programs developed in the field may be lacking in rigorous evaluation, they offer great promise for responsively addressing contemporary substance abuse problems in real-world contexts. Because of that potential, CSAP is using the forum of this "Annual Report" to again solicit candidate programs (see box on page 13).

Call for Candidate Prevention Programs

Practitioners in the field are invited to submit for NREPP review potential promising and effective programs. Submission may occur through CSAP's Web site: www.samhsa.gov/centers/csap/modelprograms/nrepp.htm , or by mail to:

Steven Schinke
National Center for the Advancement of Prevention
c/o Intersystems
30 Wall Street, 4th Floor
New York, NY 10005

Those interested in exploring whether a specific program is a viable candidate for review should contact Steven Schinke directly to discuss the submission. He can be reached at (212) 898-9339 (telephone), (877) 413-1150 (fax), steven@intercom.com (E-mail).

The NREPP Review Process

When programs are submitted for NREPP consideration, the proposals are duplicated and distributed to teams of three scientists for review. Team members, trained in the appropriate use of rating criteria and the review process, work independently to read, analyze, and score each submitted program relative to 15 criteria, listed below and explained in detail in the Appendix of this "Annual Report."

Reviewer team members regularly meet to compare their assigned ratings, clarify areas of disagreement, and discuss program rating reliability. NREPP reviewers represent doctoral-level social scientists, who are prepared for their task through extensive training and illustrative program reviews and critiques.

NREPP Review Criteria

- *Theory* – the degree to which programs reflect clear and well-articulated principles about substance abuse behavior and how it can be changed.
- *Intervention fidelity* – how the program ensures its consistent delivery.
- *Process evaluation* – whether program implementation was measured.
- *Sampling strategy and implementation* – how well the program selected its participants and how well they received it.
- *Attrition* – whether the program retained participants during its evaluation.
- *Outcome measures* – the relevance and quality of measures for the evaluation.
- *Missing data* – how the developers addressed incomplete measurements.
- *Data collection* – the manner in which data were gathered.
- *Analysis* – the appropriateness and technical adequacy of data analyses.
- *Other plausible threats to validity* – the degree to which the evaluation considers other explanations for program effects.
- *Integrity* – overall level of confidence that program findings are rigorous.
- *Utility* – overall usefulness of program findings to inform prevention theory and practice.
- *Replications* – number of times the program has been used in the field.
- *Dissemination capability* – whether program materials are ready for implementation by others in the field.
- *Cultural- and age-appropriateness* – the degree to which the program addresses different ethnic/racial and age groups.

See Appendix for a more detailed discussion of these criteria.

Scoring Procedure and Definitions

Individual scores from members of each review team are compiled, together with their descriptions of the review program's strengths, weaknesses, and major component and outcome findings. Summary scores from two parameters—integrity and utility—are then used to rank programs on the scientific rigor of their evaluation and the practicality of their findings for substance abuse prevention.

Averaged scores among raters for those two rating criteria are then used to define programs in one of three categories: effective programs, promising programs, and programs with insufficient current support. Programs defined as "effective" have the option of becoming model programs if their developers choose to take part in CSAP dissemination efforts. The conditions for making that choice, together with definitions of the three major criteria, are detailed in the following paragraphs (see Exhibit 2 in Appendix D).

Effective programs are prevention programs that produce a consistent positive pattern of results. Only programs that positively affect the majority of intended recipients or targets are considered effective. These programs must score at least 4.0 on a 5-point scale on parameters of integrity and utility.

Model programs are effective programs whose developers have agreed to participate in CSAP's dissemination efforts. These program developers have also agreed to provide training and technical assistance to practitioners who wish to adopt their programs. That help is essential to ensure that the program is carefully implemented, and maximizes the probability for repeated effectiveness.

Promising programs provide useful and scientifically defensible information about what works in prevention, but do not yet have sufficient scientific support to attain standards set for effective status. Promising programs are eligible to be elevated to effective status subsequent to review of additional documentation regarding program effectiveness. Promising programs must score at least 3.33 on the 5-point scale on parameters of both Integrity and Utility.

CSAP provides feedback and resources and offers technical assistance to guide promising programs to advance their evaluations and obtain the data and supportive materials needed to achieve model status.

Included in the Appendix are brief descriptions of 24 promising programs identified through the NREPP process. These promising programs are rich sources of guidance for prevention practitioners and designers. Because all programs now classified as "promising" have a strong likelihood of moving into effective and even "model" status once they garner additional outcome data, these programs bear close watching.

Insufficient current support refers to programs that require additional data or details before they can receive a designation of "effective" or "promising." Programs that score less than 3.33 on integrity and utility parameters—which are placed in the category of "insufficient current support"—may be very worthwhile and have many implications to inform other prevention efforts. But in their current form, these programs do not score sufficiently high to warrant a rating of promising or higher.

CSAP's National Dissemination System

CSAP's National Dissemination System was developed to move science-based prevention programs into the substance abuse prevention field. Consisting of multiple, interrelated steps in the dissemination process, the system allows CSAP to identify, screen, recommend, and transfer science-based prevention programs from the research community into the hands of local prevention practitioners.

The system begins with the National Registry of Effective Prevention Programs (NREPP) through which candidate prevention programs are evaluated for their potential to inform and equip the field. Once determined "effective" by the NREPP process, programs are then made available nationally via CSAP's Web site, www.samhsa.csap.gov/modelprograms, through dissemination kits that CSAP prepares expressly for the practice community, and through partnerships with such organizations as the National Head Start AssociatioN, the National Mental Health Association, and the National Association of Elementary School Principals.

Further, CSAP has designed an interactive Web site, www.preventiondss.org, that provides a user-friendly means for practitioners to not only learn about effective prevention programs, but also to gain technical assistance on needs assessment, and the implementation and evaluation of prevention programs.

State Incentive Grants (SIG) awarded by CSAP comprise a major element of its National Dissemination System. By offering States three-year grants at substantial funding levels, CSAP subsidizes the adoption of science-based programs, which must comprise one-half of all prevention programs sponsored by SIG funds.

Finally, the six regional Centers for the Application of Prevention Technology (CAPT) provide resources for training and technical assistance to practitioners interested in applying science-based prevention programs.

Looking to the future, CSAP will continue to identify new science-based prevention programs, increase its national partners, measure the implementation and success of program dissemination, and develop guidance materials for the field—all in the service of strengthening the national infrastructure for substance abuse prevention.

Prevention Program Outcome Monitoring System.

Once model programs are disseminated, CSAP continues its commitment to the field by assessing the extent of any program modifications and the outcomes of program implementations. This assessment effort, known as the Prevention Program Outcome Monitoring System (PPOMS), is charged with measuring the number of implementations of science-based programs in America, levels of adaptations, fidelity of science-based programs as originally specified, and identifying the results of field implementations of the model programs.

Nationally, over the course of three years, PPOMS activities will take the form of telephone and written surveys and follow-up questionnaires for individuals and organizations who are engaged in implementing model programs and who were trained in model program delivery. Those involved in field replications of model programs will be asked about any changes, or adaptation, they made. Adaptations may have been necessitated to make a program culturally sensitive, to ensure that the program responds to the everyday realities of its recipients, or to fit the program into a particular schedule or format dictated by local organizational conditions. Other adaptations may come about because field implementation staff prefer some program components over others.

However they are made, adaptations can affect the nature of a model program and could alter its outcome results. Consequently, CSAP is interested in measuring those results and correlating them with program adaptations and

fidelity—the latter being the quality of adherence to original implementation protocol. By gaining an empirical understanding of how the degree of fidelity and adaptation affect prevention program outcomes, CSAP can determine the relationship between program modifications and successful results. Information from this understanding will help CSAP direct future guidance to the field about the implementation and adaptation of model prevention programs.

Model Programs

This year's "Annual Report" is presented in the form of a table that begins on the following page, listing 38 model programs. The table displays various characteristics of the programs that account for their status as models and that serve as a guide for their selection by practitioners in the field. Each characteristic of the programs as listed in the table is described in the following paragraphs. Model programs are effective and are available for National dissemination.

Program. The first column in the table lists the name of the program, its developer, and the developer's institutional affiliation.

Target population. Divided into two sub-columns, the Target Population column gives the age of the recipients on whom the program was tested and the ethnic/racial background of those recipients.

Results. This column graphically presents the measurement period that was used by the research design through which the program was shown as effective. To qualify as science-based, any prevention program must at least include pretest and posttest data collections and analyses. In addition, most effective programs include at least one-year follow-up data, with the research designs for many programs requiring follow-up measurements of three years or longer.

Replications. This column graphs the number of times a model program has been tested. No replications mean that the program was evaluated only once, which resulted in its being designated effective and qualifying for model status. One or more replications show that a program was subjected to the indicated number of additional research studies beyond the original test.

Cultural adaptation. Because a number of model programs have been adapted for application with populations that differ from the original target population, this column describes the nature and extent of those adaptations. Worth noting is that programs that have not been adapted may have current efforts underway to tailor them to other populations. The table shows only evidence of cultural adaptations as confirmed by the research literature or by program developers.

Location. Self-explanatory, this column lists the settings in which a program has been implemented and tested.

Domain. Following CSAP convention, each model program is categorized according to the domains through which it reached its target population. All programs occurred through more than one domain because of the nature of their focus and intervention delivery.

IOM category. The Institute of Medicine (IOM) defines prevention programs according to the manner in which they seek to engage their target recipients. Programs that aim to reach all individuals, regardless of whether those individuals in fact need a prevention program or will ultimately benefit from a prevention program are universal. In this use of the word, *universal* means literally that the program is intended for the largest possible population of target recipients. Universal programs are therefore classic public health interventions, designed to benefit those who need the programs by intervening with all members of the target population. Other categories are:

Selected interventions define prevention programs that aim to reach members of the population who are deemed at high risk for the future problem the program seeks to reduce or prevent. Oftentimes, a selected program employs sociodemographic profiles to identify characteristics of the at-risk group. For example,

if certain economic conditions or neighborhood factors distinguish a population as having an above-average risk for experiencing later substance abuse problems, members of groups who share those conditions or live in those neighborhoods would be designated as recipients of a selected prevention program.

Indicated prevention programs are meant for individuals who, by dint of their lifestyle or past behavior, already show evidence of having problems with substances or with whatever outcome is targeted by the prevention program. Children who have experimented with drugs, for example, would be candidates for an indicated drug abuse prevention program. Going beyond the notion of prevention as a strategy for keeping people from ever encountering a problem, indicated programs could be construed as early intervention, since they intervene with people who are already involved with the problem being prevented.

Program activities. Entries in this column summarize the major elements of model prevention programs. Though each program includes several elements, the entries encompass only a portion of the total number of components for most programs, given the multi-component nature of contemporary approaches to prevention.

Findings. Because every program listed in the table is—by definition—effective, findings listed in this column summarize major outcomes of the program. Each item in the list of findings was found to be statistically significant according to the research documenting each program.

2001 Annual Report Matrix of Model Prevention Programs

Please see the Appendix for full descriptions of the Model Programs.

Program	Target Population		Results					Replications	Cultural Adaptation	Location	Domain	IOM Category	Program Activities	Findings
	Age	Ethnicity	Pre	Post	1yr	2yr	3yr							
Across Ages Andrea Taylor Temple University	9-15	Mixed						3+ 2 1		Urban	Individual School Peer		• Adults mentor youth • Perform community service • Develop youth coping/life skills • Provide parent support	Improved school attendance; and better understanding and attitudes toward older adults.
All Stars William Hansen Tanglewood Research	11-15	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family School Peer		• Develop positive peer norms • Increase bonding to school • Provide parent support	Reduced drug use, sexual activity and reported violence; and increased bonding with school and family.
Athletes Training and Learning to Avoid Steroids (ATLAS) Linn Goldberg Diane Elliot Oregon Health Sciences University	14-18 Males	Mixed						3+ 2 1		Urban Suburban Rural	Individual School Peer Community		• Provide youth leadership training • Peer-led sessions • Develop resistance skills • Educate youth on sports nutrition	Reduced drinking/driving occurrences; decreased use of anabolic steroids, athletic supplements, and alcohol/illicit drugs.
Brief Strategic Family Therapy Jose Szapocznik University of Miami	8-17 & Families							3+ 2 1	Tailored to work with Hispanic and African-American families	Urban Rural	Individual Family School Peer		• Provide problem-focused family therapy • Restructure maladaptive behaviors • Facilitate healthy family	Reduced drug use, and emotional and behavioral problems; and improved family functioning.
Bullying Prevention Program Dan Olweus University of Bergen	9-14	Mixed						3+ 2 1	Implemented in Bergen, Norway; southeastern U.S.; Sheffield, England; and Schleswig-Holstein, Germany	Rural Urban Suburban	Individual School Peer		• Restructure school environment • Increase positive involvement and supervision from teachers • Use consistent, nonhostile sanctions	Reduced students' reports of being bullied, bullying others, and general antisocial behavior.

Universal Selected Indicated

Program	Target Population		Results					Replications	Cultural Adaptation	Location	Domain	IOM Category	Program Activities	Findings
	Age	Ethnicity	Pre	Post	1yr	2yr	3yr							
Child Development Project Eric Schaps Diane Wood Developmental Studies Center	6-12	Mixed						3+ 2 1		Urban Rural Suburban	Individual Family School Peer		• Develop youth coping and life skills • Increase bonding to school and peers • Enhance parenting skills	Decreased substance use; increased liking for school, enjoyment of class, and motivation to learn; and greater conflict resolution skills.
Community Trials Project Harold Holder Prevention Research Center	<21	Mixed						3+ 2 1		Urban Rural Suburban	Community Society		• Mobilize and organize communities • Provide responsible beverage service training • Enforce laws concerning alcohol sales to minors	Reduced youth access to alcohol, sales of alcohol to minors, and alcohol-related automobile crashes.
Communities Mobilizing for Change on Alcohol Alexander Wagenaar University of Minnesota	<21	Mixed						3+ 2 1		Urban Rural Suburban	Peer Community Society		• Mobilize and organize communities • Enforce laws concerning alcohol sales to minors	Less likely to buy alcohol or drink in a bar; increased age-identification checking and reduced sales to minors; and decreased arrests whiles driving under the influence.
Coping Power Program John Lochman University of Alabama	9-11	Mixed						3+ 2 1		Urban Rural Suburban	Individual School Peer	 	• Enhance social compentence [a] Increase bonding to school and family • Improve parenting skills	Reduced disruptive or aggressive behaviors; decreased rates of alcohol, marijuana, and other drug use; and increased self -
Creating Lasting Connections Ted Strader Council on Prevention and Education: Substances, Inc. (COPES)	11-15 & Parents	Mixed						3+ 2 1		Urban Rural Suburban	Individual Family Community		• Develop youth coping and life skills • Provide individual/group counseling • Improve parenting skills	Increased child resiliency; increased in setting family norms on substance use; and delayed onset of substance use.

 Universal

 Selected

 Indicated

Program	Target Population		Results					Replications	Cultural Adaptation	Location	Domain	IOM Category	Program Activities	Findings
	Age	Ethnicity	Pre	Post	1yr	2yr	3yr							
DARE to Be You Jan Miller-Heyl Colorado State University	2-5 & Families	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family School Community		• Develop youth coping and life skills • Provide peer mentoring • Provide support and self-help groups • Parent education	Increased parent efficacy and increased child development skills.
Early Risers "Skills for Success" Gerald August University of Minnesota	6-9 & Parents	Mixed						3+ 2 1		Rural	Individual Family School Peer		• Develop social skills • Enhance academic performance • Parent education and training	Improved social skills and academic achievement; increased parent involvement; and reduced impulsivity.
Fairfax Leadership and Resiliency Program Amrit Daryanani Fairfax Falls Church Community Services	13-18	Mixed						3+ 2 1		Urban Suburban Rural	Individual School Peer Community	 	• Individual/group counseling • Increase bonding to school and family • Improve social competence	Reduced school absences and school disciplinary reports; and increased GPA and graduation rate.
Family Advocacy Network (FAN Club) Tena St. Pierre Pennsylvania State University	Parents of youth in the SMART Moves Program	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family Peer		• Promote cultural values • Provide parent and family activities • Enhance parenting skills	Greater ability to refuse alcohol, marijuana, and cigarettes; increased knowledge of health consequences of alcohol, tobacco, and illicit drug use.
Family Effectiveness Training Jose Szapocznik University of Miami Center for Family Studies	6-11 & Families	Hiapanic						3+ 2 1		Urban Suburban Rural	Individual Family School Peer		• Target intergenerational and intercultural conflict • Restructure maladaptive behaviors • Facilitate healthy family interactions training	Improved school performance; reduced problem behaviors; and improved child concept and family functioning.

 Universal

 Selected

 Indicated

Program	Target Population		Results					Replications	Cultural Adaptation	Location	Domain	IOM Category	Program Activities	Findings
	Age	Ethnicity	Pre	Post	1yr	2yr	3yr							
Incredible Years Carolyn Webster-Stratton University of Washington	3-10 & Parents	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family School Peer		• Develop youth coping and life skills • Enhance social and academic competence • Provide parent training	Reduced problem behaivors; and increased social competence and academic engagement.
Keep a Clear Mind Chudley Werch University of Arkansas	9-11 & Parents	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family Peer		• Develop resistance skills • Provide alcohol and drug information • Foster family support	Increased ability to resist pressure to use substances; and increased parent discussions with children on substance use.
Life Skills Training Gilbert Botvin Cornell University Medical College Institute for Prevention Research	10-14	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family School Peer		• Enhance self--esteem • Teach interpersonal and communication skills • Develop resistance skills	Greater ability to refuse offers of alcohol, marijuana, and cigarettes; decreased rates of substance use; and increased ability to find different ways to cope with stress.
Multisystemic Therapy Program Scott Henggeler Medical University of South Carolina	12-17 & Families	Mixed						3+ 2 1		Urban	Family Community		• Conduct family sessions at home • Enhance parenting skills • Improve family and peer relations • Improve school performance	Reduced long-term rates of arrest and out-of-home placements; improved family functioning; and decreased mental health problems.
Nurse-Family Partnership David Olds National Center for Children, Families, and Communities	13> & unwed women; families bearing first child	Mixed						3+ 2 1	Spanish-speaking nurses were assigned to monolingual Spanish-speaking clients	Urban Rural	Individual School Community		• Conduct family sessions at home • Provide education on prenatal, infant, and early development • Build supportive relationships	Reduced cigarette smoking during pregnancy; reduced rates of child abuse; fewer subsequent births; and fewer maternal behavior problems.

 Universal

 Selected

 Indicated

Program	Target Population		Results					Replications	Cultural Adaptation	Location	Domain	IOM Category	Program Activities	Findings
	Age	Ethnicity	Pre	Post	1yr	2yr	3yr							
Positive Action Carol Gerber-Allred Positive Action, Inc.	6-18	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family School Peer Community		• Restructure school environment • Enhance self management and social skills • Improve self-concept	Better achievement scores; fewer incidents of violence; fewer out-of-school suspensions; and fewer chronic absentees.
Preparing for the Drug-Free Years J. David Hawkins University of Washington Social Development Research Group	8-14 & Parents	Mixed						3+ 2 1	Tested with African American, Latino, and Samoan families	Rural Suburban Urban	Individual Family School Peer		• Provide family sessions • Enhance parenting skills • Improve family and peer relations • Develop youth coping and life skills	Reduced children's antisocial behavior; fewer incidents of drug use in school; and improved parenting behaviors.
Project Achieve Howard Knoff University of South Florida	5-13	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family School Peer	 	• Improve classroom management skills of school personnel • Enhance problem-solving skills • Increase social and academic progress	Decreased referrals to and placements in special education; decline in disciplinary referrals to principal's office; and improved academic performance.
Project Alert Phyllis Ellickson RAND G. Bridget Ryan BEST Foundation for a Drug-Free Tomorrow	11-14							3+ 2 1		Urban Suburban Rural	Individual Family School Peer		• Enhance decision-making, resistance, and interpersonal skills • Provide alcohol and drug information • Conduct parent activities	Decreased marijuana use initiation; decreased current and heavy smoking; and reduced pro-drug attitudes and beliefs.
Project Northland Cheryl Perry Ann Standing Hazelden Information and Educational Services	11-13							3+ 2 1		Rural	Individual Family School Peer Community Society		• Provide alcohol and drug information • Provide peer mentoring • Enhance interpersonal skills • Assist with parenting skills	Reduced tobacco and alcohol use; decreased peer influence to use alcohol; and improved parent-child communication about the consequences of alcohol use.

 Universal

 Selected

 Indicated

Program	Target Population		Results					Replications	Cultural Adaptation	Location	Domain	IOM Category	Program Activities	Findings
	Age	Ethnicity	Pre	Post	1yr	2yr	3yr							
Project SUCCESS Ellen Morehouse Student Assistance Services	13-18	Mixed						3+ 2 1		Urban Rural Suburban	Individual Family School Peer		• Provide prevention education and referral services • Enhance youth coping and life skills • Provide parent activities	Reduced substance abuse and problem behaviors.
Project Towards No Tobacco Use Steve Sussman University of Southern California	10-15	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family School Peer Community		• Teach interpersonal and decision-making skills • Build resistance to peer and media pressure • Facilitate attitude change	Reduced initiation of cigarettes; reduced initiation of smokeless tobacco; reduced cigarette smoking; and eliminated smokeless tobacco use.
Reconnecting Youth Program Leona Eggert University of Washington School of Nursing	14-17	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family School Peer		• Build youth coping and life skills • Enhance interpersonal and decision—making skills • Provide peer mentoring	Improved school grades and attendance; reduced drug use; decreased emotional distress; increased self-esteem, personal control, prosocial peer bonding, and social support.
Residential Student Assistance Program Ellen Morehouse Student Assistance Services	14-17	Mixed						3+ 2 1		Urban Suburban Rural	Individual Peer Community		• Provide alcohol and drug information • Enhance interpersonal and decision—making skills • Provide individual, group, and peer counseling	Decreased alcohol, tobacco and marijuana use.
SAFE Children Project Patrick Tolan University of Illinois at Chicago	6-8 & Family	Mixed						3+ 2 1	All programs and measures are offered in Spanish	Urban	Individual School Community		• Provide multiple family group sessions • Enhance communication and relations between parents and child • Provide one-on-one tutuoring	Greater use of effective parenting practices; and greater social competence among youth.

 Universal

 Selected

 Indicated

Program	Target Population		Results					Replications	Cultural Adaptation	Location	Domain	IOM Category	Program Activities	Findings
	Age	Ethnicity	Pre	Post	1yr	2yr	3yr							
Skills, Opportunities, and Recognition (SOAR) J. David Hawkins University of Washington Social Development Research Group	6-11 & Parents	Mixed						3+ 2 1		Urban Suburban Rural	Individual Peer Family School		• Improve resistance skills • Increase school and parent bonding • Develop youth coping and life skills	Reduced antisocial behaviors; improved academic skills; and fewer incidents of drug use school.
SMART Leaders Tena St. Pierre Pennsylvania State University	14-17	Mixed						3+ 2 1		Urban Suburban Rural	Individual Peer		• Improve resistance skills • Increase school and parent bonding • Develop youth coping and life skills	Decreased substance abuse; fewer perceived benefits of alcohol and marijuana use; increased knowledge of health consequences of substance use.
Students Managing Anger and Resolution Together (SMART Team) Kris Bosworth University of Arizona	10-14	Mixed						3+ 2 1		Urban Suburban Rural	Individual Peer		• Present activities in form of motivational software • Teach anger management skills • Enhance decision making skills	Improve knowledge of anger and anger management; greater frequency of self-reported prosocial acts; decreased beliefs in support of violence.
Social Competence Program Roger Weissberg University of Illinois at Chicago	11-13	Mixed						3+ 2 1		Urban Suburban Rural	Individual School		• Enhance stress management and problem--solving skills • Develop social networks • Provide alcohol and drug information	Improved problem-solving and stress management skills; and increased ability to resolve conflicts and control impulse.
Stop Teenage Addiction to Tobacco Joseph DiFranza University of Massachusetts Medical School	N/A	N/A						3+ 2 1		Urban Suburban Rural	Community Society		• Educate merchants • Develop community support • Actively enforce laws concerning sales of tobacco to minors	Improved merchant/vendor compliance of law requiring lockout devices on cigarette vending machines; and reduced tobacco use.

 Universal

 Selected

 Indicated

Program	Target Population		Results					Replications	Cultural Adaptation	Location	Domain	IOM Category	Program Activities	Findings
	Age	Ethnicity	Pre	Post	1yr	2yr	3yr							
Strengthening Families Program Karol Kumpfer University of Utah	6-11 & Family	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family School Peer		• Provide education services • Develop youth coping and life skills • Provide family strengthening and alternative drug-free activities	Decreased substance abuse; improved social and life skills; improved parent-child attachment and family relations and communication; improved parenting skills; reduced youth behavior problems.
Towards No Drug Abuse Steve Sussman University of Southern California	15-18	Mixed						3+ 2 1		Urban Suburban Rural	Individual Family School Peer Community		• Enhance youth coping and life skills • Build resistance to peer pressure • Facilitate attitude change	Reduce higher levels of alcohol use and all levels of hard drug use.
STARS for Families Chudley Werch University of North Florida	11-13	Mixed						3+ 2 1		Urban Suburban	Individual Peer		• Enhance stress management and problem-solving skills • Provide alcohol and drug information	Reduced initiated alcohol use and heavy drinking

 Universal

 Selected

 Indicated

2001 Annual Report Appendix

Appendix A: End Notes for Risk and Protective Factors Research

Individual

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Appendix B: Core Components Analysis

In the past year, the Center for Substance Abuse Prevention (CSAP) sponsored a core-components analysis that, though still in an embryonic state, has already yielded informative findings relative to prevention program fidelity and adaptation. Until now, surprisingly little scientific effort has focused on analyzing the core components of effective prevention programs. The first step of this examination, therefore, was to develop a methodology for identifying these components and applying it in a pilot test manner on a sample of effective substance abuse prevention programs.

First, however, it is necessary to define the term "core component." For purposes of CSAP's analysis, four characteristics of effective prevention programs are assumed to comprise core components: (1) program philosophy, (2) targets, or outcomes the program seeks to achieve, (3) intervention elements, or activities in which participants engage, and (4) implementation principles, strategies, and tactics.

The methodology developed to extract core components has involved two stages. First, a template delineating each of the core components was created. Second, the actual implementation of the model program was compared against this template. Although a detailed description of the analytic method is beyond the scope or purposes of this Report, data issuing from it are summarized here.

Two types of data were derived from the preliminary analysis: core components of effective prevention programs, and, for certain components, the "range of permissible adaptation" when implementing the component. If, for example, a core components was designed to be delivered in 10 sessions but was equally successfully implemented in eight, 12, or 20 sessions across the evaluation studies, we assume that the total number of sessions offered can be altered within this range without compromising the particular component's integrity.

A panel of trained experts applied the methodology to the following programs, each designated as a model according the NREPP process: Athletes Training and Learning to Avoid Steroids (ATLAS); Child Development Project; Communities Mobilizing for Change on Alcohol; Coping Power Program; Fairfax Leadership and Resiliency Program; Family Effectiveness Training; Incredible Years; and Life Skills Training.

A synthesis of findings from an analysis of these programs reveals that the methodology developed is effective in isolating the core components of effective programs from which generalizations across programs can be made. Additional program characteristics and facets of implementation unique to these programs may not have been adequately reflected in these reports. Second, evaluation findings reports comprised developer-initiated studies. We have little information on whether independent evaluators could successfully implement the model with a high degree of fidelity. Similarly, we cannot determine from the available data the nature and effects of adaptations that might be made to the model when implemented by persons other than the developer.

Conclusions from Core Components Analysis.

From analyses of programs examined to date, several conclusions can be drawn about the substance and process of prevention program implementation. These conclusions cover prevention program content, delivery, context, relationships, adaptation, facilitators, and evaluation.

Content

- Although program content can address generic life skills or substance abuse-related knowledge and skills, substance abuse-related content alone is insufficient.
- None of the programs reviewed focus exclusively on substance abuse-related knowledge and skills. A majority emphasize the acquisition of generic life skills. The remaining programs incorporate both generic and substance abuse-specific content.
- Besides imparting new knowledge and skills, effective prevention programs provide participants with opportunities to use this information.
- Among programs reviewed, opportunities for practice were incorporated into curriculum-based activities or through the addition of intervention components intended to reinforce curriculum content.
- Commonly employed curriculum-based strategies include the following:
  - — Modeling and behavioral rehearsal—facilitator demonstrates a new skill/behavior; participants then perform the behavior within session.
  - — Assigned out-of-session activities—these are intended to reinforce concepts and include such activities as journal writing, identification of problem area/issue to be raised in subsequent sessions, rehearsal/practicing of skills at home with parents or others.
  - — Cuing—This is a strategy whereby teachers/school staff cue students to use new behaviors in specific situations.
  - — Placing participants in the role of expert—this strategy allows them to demonstrate new knowledge and skills to others (e.g., participants create an anti-drug advertising campaign that would be effective with their peer group).

Delivery

- The most commonly used method for delivering program content is via written, session-by-session curricula.
- Across programs, curricula were implemented over relatively short intervals (12-15 weeks) with sessions held at least weekly.
- While the degree of structure found in curriculum implementation materials often varies, effective programs utilize materials that are clear and easy to follow.
- Persons with minimal or no training can understand and implement curricula with relative ease.

Context

- Program content is not delivered in a vacuum.
- Successful programs promote a consistent message that is sent to participants through multiple channels (e.g., parents, teachers, and peers).
- Participants are more likely to report a perception of ownership over the program when it becomes part of their environmental context (e.g., family, peer group, school, or community). Incredible Years and the Child Development Project, for example, employ a “whole school reform” approach. A consistent

message is sent to parents, teachers, and students, and students repeatedly hear the message in settings where a majority of their time is spent–at home and school.

- Effective programs attend to characteristics of the target population that place them at risk for substance abuse.
- Intervention components used to address these characteristics often supplement the curriculum.
- Mentoring, for example, is an effective strategy to provide youth with social supports absent in their lives and expose them to peers and/or adults who model drug-free behavior.
- Experientially based activities, such as volunteering, are used to enable youth to experience self-efficacy, be of service to others, and share what they have learned. This strategy also decreases the sense that their personal struggles are unique.
- Recreational/cultural/social events are used to strengthen family bonds, or, when carried out within the school setting, school bonds.

Relationships

- Successful programs place consistent emphasis on rapport/relationship-building as a precursor to the delivery of program content.
- Although the number of sessions provided and/or activities that comprise the intervention often vary across programs, there is consistent emphasis on gaining influence before change can be effected.
- Developers of Family Effectiveness Training, Fairfax Leadership and Resiliency, and Communities Mobilizing for Change on Alcohol stress the importance of relationship building across individual and agency levels
- Across programs reviewed, teachers, coaches, and other individuals delivering program content receive initial and ongoing support and direction.
- Initial sessions are spent interacting with clients prior to introducing program content.

Adaptation

- Successful programs use naturally occurring social networks.
- Services are delivered via the school, community-based agencies or through other networks already in place (e.g., the sports team setting).
- Effective programs emphasize the importance of integrating services into the client's world
- Programs serving disadvantaged groups provide day care, meals, transportation and other services to address barriers that would otherwise prevent these clients from participating in the program.
- Programs serving racially and ethnically diverse groups discourage the use of a "one-size-fits-all" approach.
- Effective programs tailor materials for specific groups and utilize bicultural facilitators to deliver program content.
- The use of language translated materials is discouraged.
- The importance of attending to the content of translated materials is emphasized. This may or may not be culturally meaningful to the targeted group.

Facilitators

- Although the educational attainments and experience levels of persons delivering intervention vary, programs consistently require that program facilitators receive training (self-instructional, curriculum-based

or in-person) prior to program implementation.

- Across programs, facilitators receive advance training to acclimate them to the program goals and philosophy and standardize practices employed over the course of the intervention.
- Effective prevention programs use known (versus outside) authorities to deliver program content.
- Head Start teachers, athletic team coaches, parents, and others with whom participants have an ongoing relationship deliver the intervention.
- Effective programs targeting adolescents acknowledge the importance, developmentally, of the peer group and their influence on adolescent beliefs and perceptions.
- Programs targeting adolescents rely on peers to deliver some or all of the intervention.

Evaluation

The final set of conclusions drawn from core components analyses of the initial set of model programs concerns the type and quality of evaluation efforts applied to the programs. Despite multiple strengths that ultimately led to the each program's designation as a model, the evaluations performed on the programs fail to provide a complete picture of how and in what manner the core components operate. Here are conclusions from a core components analysis of the evaluation procedures for programs reviewed to date.

- Though program success is determined on the basis of changes observed in mediating variables linked to substance abuse, changes in actual use are assessed less often.
- Due to the absence of longitudinal assessments in most research designs for model programs, no information is available on whether changes in mediating variables altered by the programs produced intended changes in actual substance use.
- Due to the absence of subgroup analyses in studies examining actual use, information is also not accessible on how use varies across levels of risk and protection. Further, evaluation designs do not yield data on subsets of individuals who, despite the presence of risk and absence of protective factors, abstain from use.
- Though most intervention components are implemented over the short term, ancillary intervention activities are often delivered over extended periods of time (one or more years).
- The effects of individual components were not assessed in programs reviewed. Therefore, we do not know which components account for the greatest amount of change.
- Dose-response analyses were absent in a majority of programs.
- Minimum thresholds for effects cannot be determined.
- A majority of programs assess client satisfaction with the program as part of process evaluation activities. But systematic analyses of these data on client satisfaction are often absent.
- Finally, generalizations about consumer preferences within and across programs cannot be made on the basis of the extant data.

RECOMMENDATIONS

Based on analyses and conclusions derived from the programs reviewed thus far, the following recommendations seem appropriate to guide the planning and implementation of effective substance abuse prevention programs.

Successful programs should:

- Structure intervention activities to focus initially on relationship building prior to the delivery of program content. Programs should follow the delivery of content with opportunities to practice behaviors learned.

- Promote a consistent message that is sent to participants through multiple informants (parents, peers, and teachers).

- Combine substance abuse-related content with strategies intended to promote the acquisition of generic life skills. Programs should use written, session-by-session curricula to deliver knowledge and skills training. Curricula should be clearly written and easy to follow. Characteristics of the target population that place them at risk for substance abuse should be attended to,with supplemental activities structured to focus on these characteristics.

- Incorporate programs into existing social networks (school or community setting, church, etc.). Programs should tailor program content to the culture and language needs of the targeted population. Eliminate barriers that would otherwise prevent participants from participating in the program (transportation, meals, etc.) Developmental influences need to be acknowledge and services tailored to the developmental needs of the targeted population.

- Employ known authorities to deliver the intervention (peers, parents, teachers, guidance counselors, sports team coaches, etc.). Ensure that persons delivering intervention receive training prior to program implementation.

- Use analytic procedures that enable the separate and combined effects of intervention components to be examined and assess minimum dosages of intervention required to achieve programmatic outcomes. Incorporate longitudinal assessments of actual use in the study design to permit assessment of whether changes in mediating variables linked to use subsequently produce changes in use (programs targeting mediating variables linked to substance abuse only). Besides collecting data on consumer preferences regarding intervention components, develop a plan for systematically analyzing this data (via content analysis, for example).

While the initial core components analysis of several model programs yielded useful conclusions and recommendations, findings with greater generalizability and value for the field will accrue from analyses of a larger sample of science-based programs. Those analyses are presently underway at NCAP through CSAP sponsorship. Data from them on core components from the nearly score of model programs thus far identified will be available in next year's Annual Report.

When an adequate database is available, conclusions from the core components will inform principles for prevention program design, implementation, and adaptation. Core components analysis therefore is a foundation on which future prevention programs can be built and evaluated against. As important, core components analytic conclusions will also, importantly, guide practitioners toward modifying and sustaining effective programs when model programs are adapted for use in varying field conditions. In short, the products of this analytic process will comprise the very essence of effective prevention programs in the years to come.

Appendix C: NREPP Review Criteria Definitions

Because of their essential role in the NREPP process, each of the 15 criteria for evaluating candidate programs is discussed in detail below.

Theory refers to the principles that underlie a prevention program. For substance abuse prevention, theory explains substance abuse and how it can be changed. Understanding the determinants of substance abuse behavior is the first step in tailoring a successful intervention to reduce or eliminate the behavior. For example, social-learning theory argues that substance abuse is a learned behavior, resulting from modeling, influence, and reinforcement. Mindful of that theory, a program developer can build an intervention aimed at positively affecting social influence. Such an intervention might focus on building personal skills, such as assertion and problem solving, to counter negative social influences.

Intervention fidelity is the quality of program delivery. Fidelity of program delivery is essential to determining whether the program itself caused measured outcome effects. Fidelity would be compromised if practitioners differed in the number of program sessions they delivered, in the length of time they provided for each session, or in the number of curriculum objectives addressed. Some delivery agents may choose to skip certain sessions of a prevention curricula altogether; others may reorder sessions; and still others may deliver the program exactly as written. Not surprisingly, research suggests that when field agents are faithful to the details of a program, its recipients benefit more.

Process evaluation measures assess program implementation. These measures include attendance data, participant feedback, and whether program delivery adhered to implementation guidelines. As such, process data can reveal how a program was implemented. These data in turn may explain the success or failure of the program. If, for example, a program is designed to be delivered sequentially and with peer leaders, but process data reveal that the program was delivered out of sequence and with other leaders, researchers gain a better understanding of why the program may have failed to achieve the desired effect.

Sampling strategy and implementation concern the selection and handling of program recipients. For this criterion category, prevention program reviewers focus on the size and type of test sample, on the adequacy of controls over who received the program and who did not, and on the way program developers determined how the program was tested. For example, greatest weight is placed on programs tested with large, representative samples and employing control or comparison groups and random assignment to them. Any compromises in these standards result in a lower assessment of the rigor of program evaluation procedures.

Attrition refers to the number of participants lost over the course of a program evaluation. Though some loss is inevitable due to transitions among program recipients, attrition rates that exceed 30 percent generally do not bode well for the confidence that reviewers place in outcome findings.

Outcome measures assess actual behavior change—whether program recipients use substances—as well as other variables associated with substance use. Outcome measures also quantify what they assess (i.e., they should be valid) and they must show consistent results (i.e., they must be reliable).

Missing data is not the same as attrition. Whereas the latter refers to the rate at which participants prematurely leave a prevention research study, missing data is information unavailable from participants who remain involved. A large amount of missing data implies flawed measurement procedures or faulty assumptions about study participants, and can threaten the integrity of an evaluation.

Data collection, as a criterion in rating prevention programs, focuses on the quality of measurement procedures. Strong prevention studies collect data using unbiased procedures. Participant subject data are anonymous or at least confidential, and researchers ensure that data are coded and stored in a manner that protects individual identities.

Analysis means the appropriateness of data analytic techniques for determining the success of a prevention program. Effective substance abuse prevention programs employ state-of-the-art data analytic techniques, and analyze by participant sub-group. Researchers should use the most suitable and current methods for measuring outcome change. Sub-group analyses allow researchers to find outcomes by participants' gender, age, and ethnicity, for example.

Other plausible threats to validity are those factors that permit alternative explanations of prevention program outcomes. To satisfy this criterion, a study design must establish a causal link between the program and its alleged outcomes. If, for example, researchers claim that their prevention program caused lower use rates, the researchers must be able to rule out such other factors that could explain reductions in use as competing programs, concurrent media campaigns, and the effects of maturation among study participants.

Integrity reflects the overall confidence reviewers can place in the findings of a prevention program's evaluation. Confidence is derived from positive assessments of the quality of the intervention implementation, the design of the evaluation study, and how well the evaluation was carried out. This criterion requires the reviewers to summatively rate the merits of the science that went into the evaluation.

Utility parallels integrity as a summative rating and is an overall assessment of the value of program findings to guide subsequent prevention programs. Simply put, the criterion of utility describes whether and to what degree a program is appropriate for widespread application and dissemination.

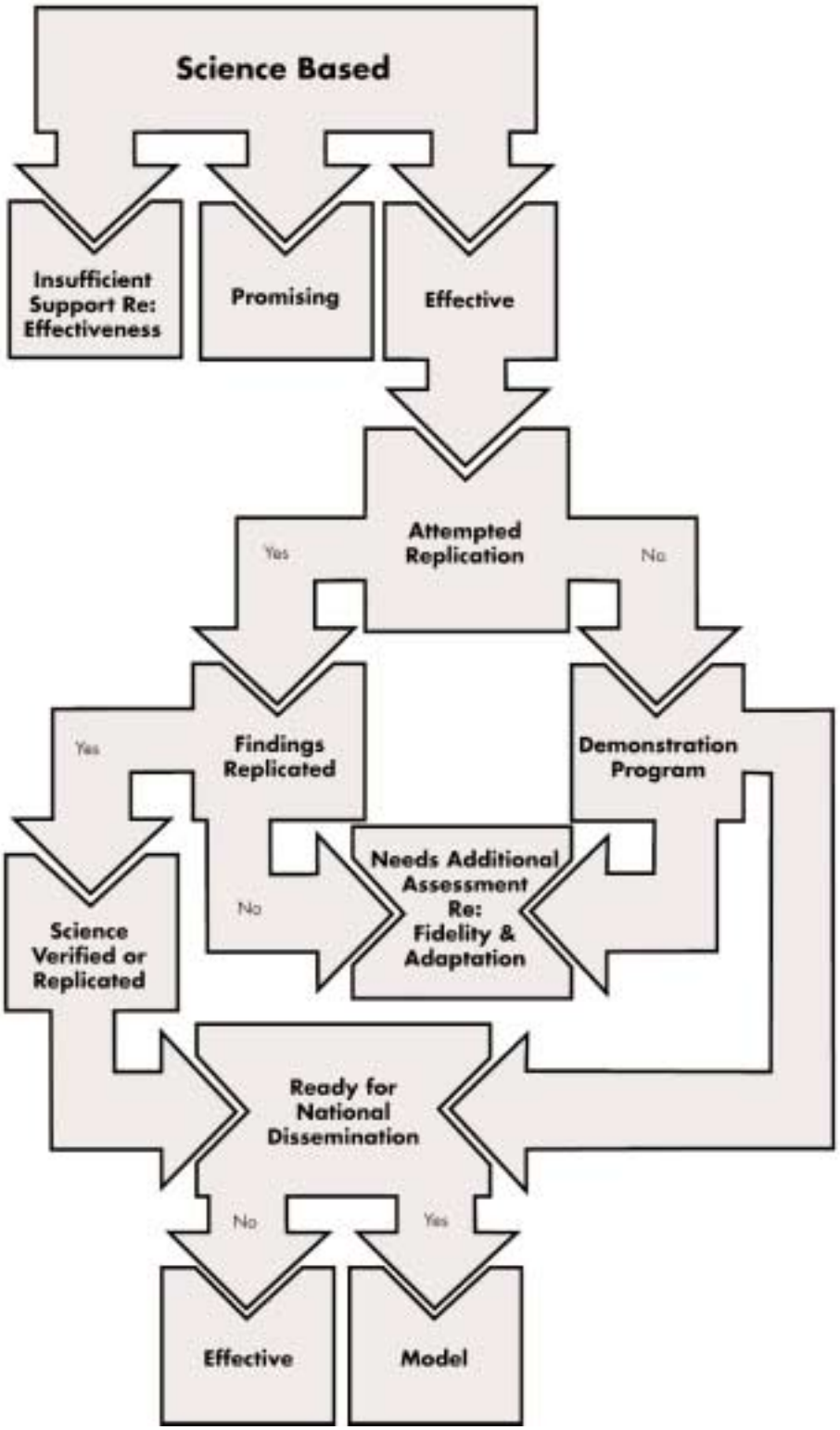
Replications are the number of instances in which a program has been evaluated. Even when a program shows effectiveness in one study, other independent evaluations can prove that the study findings were not unique to a single investigation.

Dissemination capability concerns the readiness of program materials for use by others. For example, a program with strong dissemination capability would offer such services and materials as training, technical assistance, standardized curricula, manuals, fidelity instrumentation, videos, recruitment forms, and other program resources to facilitate dissemination.

Cultural- and age-appropriateness is a hallmark of programs that have been tested with diverse groups of participants. Culturally appropriate prevention programs mirror the cultural values of the target group, and include intervention strategies and components that reflect cultural characteristics and behavioral preferences and expectations of the targeted group. Similarly, developmentally appropriate substance abuse prevention programs are tailored for the cognitive and emotional proclivity associated with different age ranges.

Appendix D: CSAP's Typology of Science-Based Programs

EXHIBIT 2



Appendix E: Model Programs

Across Ages

The Across Ages program is a research-based mentoring initiative that successfully improves adolescents' social competence and enhances their ability to resist substance abuse.

The unique and highly effective feature of Across Ages is the pairing of older adults with middle-school children to provide the children with positive, nurturing role models. Across Ages can be implemented by a school or school district or by other organizations serving youth and their families, provided the local community has an adequate number of concerned residents age 55 and older.

Successful replication of the Across Ages model involves:

- Elders mentoring youth
- Youth performing community service
- Youth learning problem-solving and resistance skills
- Parental involvement

Clientele

The target population is middle-school youth ages 11 to 13. The original participants were African-American, Asian, Hispanic, and white children from Philadelphia, PA, many of whom lived in poverty, experienced repeated school failure, and had family members involved in drug use.

Program Objectives and Activities

The Across Ages program is designed to achieve the following objectives:

- Dramatically improve school attendance and increase academic competence
- Increase knowledge about and negative attitudes toward alcohol and tobacco use
- Boost adolescents' self-esteem, problem-solving skills, and positive social support networks
- Generate supportive parental involvement in classroom and project activities
- Foster collaboration among the service, aging, and educational systems for youth

Implementing the Across Ages model involves the following activities:

- Intergenerational mentoring on a one-on-one basis
- Engaging youth in community service activities
- Training classroom teachers to administer a life skills curriculum
- Providing weekend and evening activities to engage families, mentors, and youth

Findings and Achievements

School attendance was dramatically improved for students with exceptionally involved mentors and showed statistically significant improvement for all students with mentors. Older mentors changed students' knowledge and attitudes toward older people, school, and the future from pre- to post-test. Knowledge and attitudes toward alcohol and tobacco and reactions to persuasion to use drugs changed from pre- to post-test for students with exceptionally involved mentors.

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All Stars

All Stars is a program that prevents high-risk behaviors including drug use, violence, and early sexual activity through the development of positive personal characteristics in young adolescents. The program focuses on changing five specific qualities that are vital to achieving preventive effects.

All Stars, Jr., addresses key concepts via instruction in science, math, and language arts. To extend concepts covered in the core and booster programs into high school, All Stars, Sr., provides activities that can be integrated with and that augment the standard high school health curriculum. Training is strongly recommended and consists of a two-day workshop followed by periodic refresher training and ongoing technical assistance. Additional training and information specific to teachers is available on the Tanglewood Research Web site.

The National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism provide funding for All Stars.

Clientele

All Stars focuses on adolescents between 11 and 15 years of age. The program can be delivered by regular classroom teachers, specialists who visit as guest teachers, or adult leaders in community settings (e.g., after-school programs, faith-based organizations, and recreation centers).

Program Objectives and Activities

All Stars' objectives are:

- to develop peer norms that encourage abstinence from sex and reject violence and drug use;
- to increase students' perceptions that high-risk behaviors will interfere with their lifestyles;
- to increase students' personal commitment to avoid the use of drugs, abstain from sexual activity, and avoid violence;
- to increase the degree to which students are socially bonded to positive friendship groups and social institutions; and
- to increase positive parental attentiveness to young adolescents. The All Stars program uses interactive methods to discuss values, ideals, norms, and personal commitments.

The All Stars core program consists of 21 sessions and is designed to be delivered in either sixth or seventh grade. The All Stars booster program is designed to be delivered one year later and consists of eight sessions. The program is designed to include both class activities as well as one-on-one meetings between course leaders and participants.

Findings/Achievements

The strategies used in All Stars originally were researched as part of the Adolescent Alcohol Prevention Trial, Project SMART, and Project STAR. Each of these research-based programs demonstrated significant reductions in alcohol, tobacco, and marijuana use. All Stars is among the few research-based programs independently evaluated for effectiveness. An independent evaluation of the core program conducted by researchers at the University of Kentucky demonstrated short-term effects. All Stars was identified as a best practice program by the U.S. Department of Education and by Drug Strategies.

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Brief Strategic Family Therapy (BSFT)

Brief Strategic Family Therapy (BSFT) is a structured, practical approach to the treatment of conduct problems, associations with antisocial peers, early drug use, and maladaptive family interactions (relations), all risk factors for substance abuse. BSFT is an evidence-based early intervention modality for indicated populations, developed by the Center for Family Studies at the University of Miami.

BSFT is used in the treatment of conduct problems, associations with antisocial peers, early drug abuse, and family functioning problems, all risk factors for serious substance abuse. The Center for Family Studies Training Institute offers training in Miami and throughout the country. Training is customized to agency needs and population.

Clientele

BSFT focuses on children and adolescents between 12 and 21 years of age and their families, in indicated populations.

Findings/Achievements

BSFT received:

- The 2000 Presidential Award from the Society for Prevention Research.
- The 1999 Research Award from the Director of the Center for Substance Abuse Prevention.
- A Merit Award from the National Institute of Mental Health.
- International awards include designation of the Spanish Family Guidance Center as a World Health Organization Collaborating Center of Excellence.

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The Bullying Prevention Program

The Bullying Prevention Program is a multilevel, multicomponent program designed to reduce and prevent bullying problems and other antisocial behavior in schools. School staff is largely responsible for introducing and implementing the program, and their efforts are directed toward improving peer relations and making the school a safe and pleasant place.

The Bullying Prevention Program attempts to restructure the existing school environment to reduce opportunities and rewards for bullying behavior. This school-based program, developed by Swedish-Norwegian professor Dan Olweus, is both systems and individual oriented, and includes intervention components at the school, classroom, and individual levels. Because of the proven relationship between aggressive behavior and current and later substance abuse, counteracting bullying behavior is also likely to prevent and reduce substance abuse.

Clientele

The Bullying Prevention Program targets students in elementary, middle, and junior high schools. All students participate in most aspects of the program, while those students identified as bullies or victims of bullying receive additional individual interventions.

Program Objectives and Activities

Core components of the program are implemented at the school, classroom, and individual levels. It is highly recommended that one or more "educational teacher discussion groups" be established at each school. These groups meet regularly for 1.5 hours on a fixed day and time, (for example, every other week), to review and discuss the core elements of the program. The discussions are based on the book “Bullying at School: What We Know and What We Can Do” (Olweus, 1993) and the teacher manual “Core Program Against Bullying and Antisocial Behavior: A Teacher Handbook” (Olweus, 1999).

Findings/Achievements

In the first systematic evaluation, the Bullying Prevention Program indicated:

- Substantial reductions, typically by 50 percent or more, in the frequency with which students reported being bullied and bullying others.
- Significant reductions in students' reports of general antisocial behavior such as vandalism, fighting, drunkenness, theft, and truancy.
- Significant improvements in the social climate of the class, as reflected in students' reports of improved order and discipline, more positive social relationships, and a more positive attitude toward schoolwork and school.

Similar results have been documented in two recent (1997 to 2000) large-scale intervention projects in Norway involving more than 5,000 students from 40 schools. Positive, although somewhat weaker, effects have also been reported in the United States, the United Kingdom, and Germany. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) selected the Bullying Prevention Program as one of their 10 Blueprints Model programs. Beginning in 2001, the Norwegian Government offered the Bullying Prevention Program to all comprehensive schools in Norway through a systematic training program over a period of four to five years.

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Child Development Project Evaluation

The Child Development Project (CDP) is a research-based school-improvement initiative which, by transforming elementary schools into "caring communities of learners," significantly reduced children's use of alcohol and illicit drugs while dramatically increasing the children's resilience concerning substance use.

CDP scientifically demonstrates that nurturing a student's intrinsic desire to learn, cultivating supportive relationships, and promoting the child's sense of common purpose and commitment to prosocial values are effective in protecting against the risk of substance use. The program can be implemented in virtually any rural, suburban, or urban elementary school.

Successful replication of the CDP model involves:

- Building warm, stable, supportive relationships among all members of the school community
- Attending to the intellectual, social, and ethical dimensions of learning in an integrated manner
- Teaching methods that promote students' understanding and make learning meaningful
- Honoring and fostering students' intrinsic motivation to learn

Clientele

This comprehensive, multifaceted school-change program involves elementary school students of all grade levels and the students' families, teachers, and school administrators.

The original student populations of those participating in the project varied widely: anywhere from 2 percent to 95 percent of children were receiving free or reduced-price lunch, and 26 percent to 100 percent were members of minority groups. Achievement test scores ranged from the 24th to the 67th percentile.

Program Objectives and Activities

CDP is designed to achieve the following objectives:

- Strengthen connections between home and school
- Promote a caring, inclusive schoolwide community
- Foster Caring Relationships Across Grade Levels

Implementation activities focus on building a strong sense of community in the school; that is, students' sense of belonging to, contributing to, and having a voice in a caring school environment. Activities that promote a sense of community include those that:

- Foster cross-age/cross-grade relationships
- Promote parental involvement in their child's learning
- Build connections between the school and the families it serves

The CDP program is designed to achieve the following goals:

- Increase students' liking for school and enjoyment of class
- Boost children's motivation to learn
- Encourage greater concern for others and more frequent altruistic behavior
- Improve children's ability to resolve conflicts
- Strengthen children's sense of community and commitment to democratic values
- Increase resistance to substance use

Findings

- Students who experience a strong "sense of community" in their schools, compared with students who experience lower levels of community, also experience greater enjoyment of class, greater trust and respect for teachers, greater motivation to go further in school, greater empathy and concern for others, stronger motivation to be kind and helpful, more sophisticated conflict resolution skills, more frequent acts of altruistic behavior, greater acceptance of people who are different, higher general self-esteem, higher academic self-esteem, stronger feelings of social competence, less loneliness in school, and fewer delinquent acts.
- Although issues of substance abuse are not directly addressed in the CDP program, comprehensive evaluation of the program shows that when well implemented, it produces significant preventive effects on students' use of alcohol and marijuana, and marginal effects on use of tobacco.
- In schools where the program led to widespread change in teaching practices, the following effects were shown: Prevalence of alcohol use declined by an average 11 percent over four years in CDP schools, compared with an increase of two percent in matched comparison schools. Prevalence of marijuana use by CDP students declined by two percent, compared with a two percent increase by comparison school students. Prevalence of cigarette use by CDP students declined by eight percent, compared with a three percent decline by comparison school students.

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Coping Power Program

The Coping Power Program is delivered to moderate-to high-risk children in the late elementary school and early middle school years. The program lasts from 15 to 18 months and includes an integrated set of child and parent components. Coping Power is based on an empirical model of risk factors for substance use, and addresses high-risk children's deficits in social competence, self-regulation, school bonding, and positive parental involvement. The Coping Power child component consists of 33 group sessions and periodic individual sessions and is delivered in school-based settings. The Coping Power parent component consists of 16 group sessions and periodic home visits and individual contacts. Post-intervention results indicate that the program has had effects on reducing children's aggressive behavior and preventing their substance use.

The Coping Power program's major services involve cognitive-behavioral group and individual interventions for aggressive children and behavioral parent training groups for their parents. The Coping Power program has also been delivered along with a teacher in-service training component, which has served as a universal intervention program.

Clientele

Coping Power has been provided to boys and girls approaching, and involved in, the transition to middle school. The program is most appropriate for children in grades three to seven. Outcome research has been primarily conducted with African-American and Caucasian children and families. Coping Power has typically been delivered to children identified as being among the 30 percent most aggressive and disruptive, according to their teachers and parents, and thus addresses a group of children who are at risk for subsequent substance use. The parent component is delivered to the parents or primary caretaker of these indicated children.

Findings and Achievements

Coping Power is being evaluated in four grant-funded intervention research studies and has been translated and disseminated in clinical trials in the Netherlands and in a residential school for deaf children. Follow up studies of children originally involved in Coping Power intervention are ongoing and at this time focus only at pre- to immediate post-intervention effects. These data show that Coping Power has produced significant preventive effects in children's substance use and a number of improvements in the predictor variables presumed to mediate substance use. By the end of intervention, even though relatively few sixth graders were using substances overall, the Coping Power program significantly lowered levels of substance use in participating children (an overall score of tobacco, alcohol, and marijuana use) as compared to control children.

Teachers rated the Coping Power intervention children as having improved social skills. Teachers also noted that intervention children perceived their improved social skills, tended to have less aggressive behaviors, and were less angered by social problems. Teachers also rated the intervention children as having improved behavior, and both teachers and parents rated the intervention children as having lower levels of proactive aggression by post-intervention. Intervention effects on school bonding were more limited, although intervention children tended to perceive themselves as more academically competent. Intervention parents had become more supportive and involved with their children. On several of these outcomes, the children who had received both the indicated Coping Power Program targeted at high-risk children and the universal intervention had the best results, indicating the importance of nesting targeted interventions for high-risk children within universal interventions.

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Creating Lasting Connections Evaluation

The Creating Lasting Connections (CLC) program is a five-year demonstration project that scientifically demonstrates that families in high-risk environments can become strong, healthy, and supportive, thus significantly increasing the children's resilience concerning substance use and dramatically reduces their use of alcohol and illicit drugs.

CLC is designed to be implemented through community systems, such as churches, schools, recreation centers, and court-referred settings, which have significant contact with parents and youth. They must also have existing social outreach programs and links with other human service providers. The initial program mobilized urban, suburban, and rural churches; schools; and communities. Youth participants report greater levels of communication and bonding with family members and experience sustained delays in the onset and reduced the frequency of alcohol and drug abuse.

Successful replication of the CLC model involves:

- Community mobilization
- Identification and recruitment of families at risk
- Family and youth training
- Referral to community services
- Team building

Clientele

This model program is highly effective with youth ages 11 to 15 in high-risk environments and their families (with positive effects on siblings ages 9 to 17). CLC provides parents and children with strong defenses against environmental risk factors by teaching appropriate skills for personal growth, family enhancement, and interpersonal communication.

Program Objectives and Activities

CLC is designed to achieve the following objectives:

- Increase community involvement in promoting the healthy development of youth and fostering strong, nurturing families
- Educate parents about drug issues Improve family communication and family bonding Increase families' use of community services, including treatment and rehabilitation
- Improve teens' communication and refusal skills
- Delay the onset and reduce the frequency of alcohol and drug use

Implementing the CLC model involves the following activities:

- Identification, recruitment, assessment, and selection of the community system(s) that will serve as the focal point of the program
- Creation, orientation, and training of a small cadre of volunteers from the community to act as advocates for youth in high-risk environments and their families and to recruit and help retain those families in the program
- Recruitment of youth in high-risk environments and their families who are willing to commit to the program
- Participation of parents and youth in five highly interactive training modules
- Early intervention services and followup case management services to connect families to community resources and appropriate alternative activities

Findings

As family and youth resiliency increased, the following youth alcohol and drug outcomes occurred:

- delayed onset and reduced frequency of alcohol and drug use.
- Increased church community engagement as shown by successful family recruitment and increased levels of empowerment and participation.
- Increased parent resiliency through gains in parents' knowledge and beliefs about alcohol and drug issues, youth involvement in setting alcohol and drug rules, and use of community services.
- Increased youth resiliency through gains in leveling communication, bonding with family members, and use of community services.

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Dare To Be You

The Dare To Be You program is a five-year demonstration project that significantly lowers the risk of future substance abuse and other high-risk activities by dramatically improving parent and child resiliency factors, particularly in the areas of communication, problem-solving, self-esteem, and family skills.

The program was implemented in four ethnically diverse sites across Colorado involving youth ages 2 to 5 and their families, preschool teachers, and other supportive community members. Positive results held true for all sites and ethnic groups. Parents were provided with instruction in child development, appropriate discipline techniques, and personal sense of worth.

Successful replication of the Dare To Be You model involves:

- Education and social activities for parents, children, and families, and
- Training and support for day care, Head Start, and other child care providers and community members who will provide ongoing support to the target children and their families.

Clientele

Dare To Be You is designed as a primary prevention program for children ages 2 to 5 and their families. The original participants were American Indian, Hispanic, African-American, and Caucasian parents and their preschool children. Additional participants included siblings, Head Start teachers, daycare personnel, and other community members.

Program Objectives and Activities

The Dare To Be You program is designed to achieve multiple objectives, including:

- Improve parents' sense of competence and satisfaction with being a parent
- Provide parents with knowledge and understanding of appropriate child management strategies
- Improve parents' and children's relationships with their families and peers
- Boost children's developmental levels

The Dare To Be You model consists of three activity components:

- A family component, which offers parent, youth, and family training and activities for teaching self-responsibility, personal and parenting efficacy, communication and social skills, and problem-solving and decision-making skills
- A school component, which trains and supports child care providers
- A community component, which trains community members who interact with target families.

Findings

- Significant and enduring increases in parental self-esteem were observed in both parental competence and satisfaction of the parent role indicators
- In the locus of control variable, belief in "chance" and "powerful other" declined significantly. Child blame also was significantly reduced.
- Positive attitudes toward parenting increased
- Appropriate control techniques increased and harsh punishments declined significantly

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Early Risers

Early Risers "Skills for Success" Program is a multifaceted skill-building program specifically designed for children six to 12 years of age with early onset aggressive and disruptive behaviors. The program targets risk factors and associated developmental processes that lead to the development of a pattern of early-starting, serious, and chronic substance abuse.

"Early starters" not only inflict harm on themselves and society through substance abuse, but they also serve as magnets, drawing in peers who admire their substance use behavior. The primary goal of Early Risers is to help at-risk children achieve competence during the formative years of their development. This is accomplished by coordinated, high-strength intervention components that teach children skills for self-regulation, pro-social peer affiliation, academic success, and positive school adjustment with the support of proactive and effective parenting practices.

Early Risers provides two complementary components delivered in tandem: CORE and FLEX. CORE is a child-focused component that delivers education and skills training modules within the context of school and community structures. FLEX is a proactive family support, education, and empowerment component that targets personal stress factors of parents and families.

Clientele

Early Risers is an indicated prevention program designed for elementary school children who display early patterns of aggressive and disruptive behaviors. The program has been adapted for implementation in rural and urban environments; includes culturally responsive curriculum and delivery methods, applicable for culturally diverse populations; and features accommodations for economically disadvantaged families.

Findings and Achievements

Outcome data from a three-year randomized trial published in professional journals demonstrates the effectiveness of Early Risers in promoting the skills associated with the reduction of risk factors associated with later substance use and abuse.

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The Fairfax Leadership and Resiliency Program

The Fairfax Leadership and Resiliency Program is an intensive substance abuse and violence prevention program designed to serve selected and indicated populations of adolescents who are currently enrolled in mainstream or alternative high school settings. As a resiliency program, basic assumptions regarding adolescents and the impetus for substance abuse and violence exist within a protective/risk factor framework that is interpreted from a clinical resiliency orientation. Internal strengths identified through resiliency research as the most predictive of future success and adaptation in life are identified and concentrated through programming specifically designed to enhance and promote them. Programming also targets specific risk factors with the purpose of reducing or eliminating them over time.

Clientele

The Fairfax Leadership and Resiliency Program specializes in serving indicated and targeted populations of older high school adolescents possessing significant risk factors.

Program Objectives and Activities

The Fairfax Leadership and Resiliency Program is multitiered and intensive, serving identified youth over a period of multiple years. Groups of six to 10 adolescents are formed in the school setting and meet once weekly during the school day, with individual follow up occurring as needed. These group meetings run throughout the school year and are strongly oriented as process and clinical resiliency groups.

Participants are invited to attend the program for as long as they are in school, over a period of up to four years. In addition to weekly group meetings, alternative activities are held once a week after school and include volunteering at a local rehabilitation shelter for abused and neglected animals. This activity places youth in the roles of healers, a powerful experience during the time period of identity formation. A Puppet Project also is conducted, in which adolescents perform skits for elementary age children on such topics as alcoholism, violence, social skills, and conflict resolution. Additionally, adventure activities are offered during the summer months, providing an environment for intensive work on specific resiliency and risk factors.

Findings and Achievements

The Fairfax Leadership and Resiliency Program was recognized with a 1999 National Association of Counties (NACo) award for creative programming with measurable outcomes and a 2000 Washington, DC, Council of Governments Award for Best Practices in a Science-Based Program. It also received recognition from Governor James Gilmore of Virginia.

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Family Effectiveness Training (FET)

Family Effectiveness Training (FET) is an evidence-based prevention/early intervention modality that successfully reduces conduct problems, personality problems, and immature behaviors; improves self-concept; and strengthens the families of Hispanic children.

Clientele

FET focuses on Hispanic children and adolescents between 6 and 12 years of age with emotional and problem behaviors and their families.

Program Objectives and Activities

FET provides families with the tools to overcome individual and family risk factors through

- focused interventions to improve maladaptive patterns of family interaction,
- skills building strategies to strengthen families, and
- development of a bicultural worldview within families to prevent culture clashes between parents and children.

FET includes two component strategies, performed in the course of 13 90-minute family lessons. The curriculum involves presenting didactic and experiential material in a classroom-like setting to one family at a time. The primary targets for therapy are those family behaviors that provoke and enable the child's problem behaviors, placing the child at risk for substance abuse.

Findings and Achievements

FET received:

- The 2000 Presidential Award, Society for Prevention Research
- The 1999 Research Award from the Director ofthe Center for Substance Abuse Prevention
- A Merit Award from the National Institute of Mental Health
- International awards include designation of the Spanish Family Guidance Center as a WorldHealth Organization Collaborating Center of Excellence

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Incredible Years

The Incredible Years Series is a set of three separate, comprehensive, science-based, multifaceted, and developmentally based curricula for parents, teachers, and children. The series is designed to promote emotional and social competence and to prevent, reduce, and treat behavioral and emotional problems in young children. The parent, teacher, and child programs can be used alone or in combination.

Clientele

The Incredible Years Series is targeted at parents, teachers, and children three to eight years of age. Although originally developed as treatment programs for use by those working in mental health agencies with children diagnosed with oppositional defiant disorder, conduct disorder, and attention deficit hyperactivity disorder, these programs have been successfully adapted and implemented as prevention programs in Head Start, preschool, daycare, and primary grades (kindergarten to grade three) in schools. The programs have been shown in multiple randomized studies to be effective with multiethnic populations such as Spanish-speaking Hispanic, African-American, Chinese, and Vietnamese families.

Major Services

The Incredible Years parenting series includes three programs targeting parents of high-risk children and/or those displaying behavior problems. Incredible Years Training for Teachers is a set of programs that emphasizes effective classroom management skills. An additional set of programs is designed to show teachers how to implement the Dinosaur Social Skills and Problem Solving Curriculum in the classroom for all children. Incredible Years Training for Children (Dinosaur Curriculum) emphasizes training children in skills such as emotional literacy, empathy or perspective taking, friendship skills, anger management, interpersonal problem solving, school rules, and how to be successful at school. It is designed for use as a "pull out" treatment program for small groups of children exhibiting conduct problems as well as for a classroom-based version of the program for all children.

Incredible Years can provide certified trainers for training therapists, counselors, teachers, and leaders on how to implement the parent, teacher, and childprograms. Training sessions can accommodate up to30 people. In order to ensure the quality of the programs, there is a therapist/group leader certification process which involves peer review, videotape feedback, and consultation.

Findings and Achievements

The Incredible Years Series won the Leila Rowland National Mental Health Award for outstanding prevention program for children in 1997. The Office of Juvenile Justice and Delinquency Prevention selected the Incredible Years Series as one of its 10 Blueprints Model programs. Program results have been published in numerous articles and chapters in the Journal of Consulting and Clinical Psychology, the Journal of Clinical Child Psychology, the Journal of Child Psychology and Psychiatry, and others.

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Keep A Clear Mind (KACM)

Keep a Clear Mind (KACM) is a parent/child substance abuse home-based, prevention program developed by the University of Arkansas. It uses a correspondence format and consists of four weekly lessons on alcohol, tobacco, marijuana, and tools to avoid drugs.

KACM's overall goal is to increase parent/child communication regarding drug prevention and to develop specific youth beliefs and skills to refuse and avoid "gateway" drug use. Two randomized community trials indicate that KACM can improve parent/child communication and increase the understanding of fourth through sixth graders about how to refuse and avoid drug use. The program also helps to modify both children's beliefs regarding peer drug use and their ability to resist peer pressure to experiment with drugs.

Clientele

The KACM program is designed for 9- to 11-year-old elementary school children and their families. The KACM program can be implemented by community-based youth organizations, recreation centers, and schools. Published evaluations have involved projects facilitated by school counselors or classroom teachers in a public school setting. However, private practice counselors have also used KACM as a take-home activity to involve parents and children together in substance use prevention activities.

Program Objectives and Activities

The KACM program is designed to achieve the following objectives:

- Enhance parent–child discussions regarding refusing and avoiding drugs
- Help parents realize the harmful effects of alcohol, tobacco, and marijuana use
- Provide parents with a more realistic view of alcohol, tobacco, and marijuana use among young people
- Change young people’s perception of peer norms regarding the use of alcohol, tobacco,and marijuana
- Reduce children’s susceptibility to peer pressure to experiment with tobacco
- Increase young people’s realization of parental disapproval of marijuana use

Awards and Professional Acknowledgments

- Identified by CSAP as a Model Program at the 1999 Exemplary Substance Abuse Prevention Awards ceremony presented at the U.S. Congress.
- Featured at the national convention of the American Alliance for Health, Physical Education, Recreation and Dance.
- Articles published in the Journal of School Health (1991) and the Journal of Drug Education (1996).

Findings

Parents reported the following:

- Enhanced discussions as well as increased numbers of discussions with children regarding resisting the use of alcohol, tobacco, and marijuana.
- An 18 to 38 percent increase in the number of parents indicating that their children had an increased ability to resist pressure to use alcohol, tobacco, and marijuana.
- A 23 to 52 percent increase in the number of parents indicating a decreased expectation that their children would try these substances.
- A 3 to 17 precent increase in the number of parents indicating a more realistic view of drug use among young people and a greater realization of its effects.

Children reported the following:

- A decrease of 11 to 20 percent in the KACM group compared with an increase of 10 to 28 percent in the control group of students' perceptions of the extent of peer substance use.
- A 9 to 13 percent increase in the number of children reporting that tobacco has harmful effects.
- As high as 11 to 26 percent decreases, compared with more than a 100 percent increase in the control group, in reported expectations of self use of tobacco cigarettes.
- A 59 percent increase in the number of children who indicated that their parents did not approve of the use of marijuana.

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Life Skills Training (LST)

Life Skills Training (LST) is a classroom-based substance abuse prevention program tested at Cornell University's Institute for Prevention Research.

By teaching students personal and social skills in order to promote individual competence, LST aims to decrease young people's vulnerability to pro-substance use social influences from peers and the media. Results show that the program reduces tobacco, alcohol, and marijuana use by up to 87 percent.

Successful replication of LST involves:

- Training teachers and health educators to implement LST in order to ensure that the program is taught to the students in the same way it was tested
- Using the teacher's manual and workbook for students
- Teaching students decision making, problem-solving, and assertiveness skills in a hands-on fashion to ensure that they will have the self-confidence and know-how to refuse drugs

Clientele

LST is highly effective with 10- to 14-year-old middle school and junior high school students. It has been tested and proved to be effective with white, African American, and Latino youth. LST is designed to be implemented in any school setting throughout the United States and is now being developed for communities abroad.

Program Objectives and Activities

LST is designed to achieve the following objectives:

- Dramatically decrease tobacco, alcohol, and marijuana use*
- Reduce polydrug use*
- Reduce pack-a-day smoking*
- Decrease use of inhalants, narcotics, and hallucinogens*
- Enhance students' self-esteem, feelings of self-efficacy, ability to make decisions, resistance to peer and media pressure, personal self-management skills, and general social skills

**Above-mentioned effects have been observed as much as six years after the intervention.*

Implementing the LST program involves the following activities:

- Curriculum consisting of 15 class sessions over the course of the first year, 10 sessions over the course of the second year, and 5 sessions over the course of the third year
- Teachers trained in LST teaching curriculum to students Middle and junior high school students participating in hands-on activities in class and at home

Findings

The outcomes relative to controls include the following:

- Reduced new cigarette smoking by 75 percent and by 67 percent 3 months after program completion
- Reduced alcohol use by 54 percent, heavy drinking by 73 percent, and drinking to intoxication one or more times a week by 79 percent
- Reduced marijuana use by 71 percent and weekly/daily use by 83 percent
- Reduced monthly use of all three drugs by 40 percent and weekly/daily use by 66 percent
- Reduced substance use and abuse both in the short-term and long-term
- Reduced pack-a-day smoking by 25 percent
- Decreased use of inhalants, narcotics, and hallucinogens

The above-mentioned effects have been observed up to six years after the intervention. LST has been shown to enhance students' self-esteem, feelings of self-efficacy, ability to make decisions, ability to resist peer and media pressure, personal self-management skills, and general social skills.

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Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is a family- and community-based intervention for youth with identified substance abuse or dependence. An extensive body of clinical research shows MST's effectiveness at improving family relations, decreasing adolescent substance use, and reducing long-term rates of rearrest and out-of-home placement. This success is based on several features of MST, including (a) an explicit and individualized focus on a comprehensive set of risk factors, including individual, family, peer, school, and neighborhood determinants of substance abuse; (b) a home-basedmodel of services delivery, which is critical to overcoming barriers to service access and hasproduced the highest rates of treatment completion ever achieved in the area of substance abuse (98percent); and (c) intensive quality assurance protocols that provide practitioners with the resources andongoing training and clinical support needed to achieve favorable outcomes with youths and familiespresenting complex and challenging problems.

Clientele

MST focuses on youth, usually from the juvenile justice system, with identified substance abuse or dependence.

Findings and Achievements

MST was cited as effective evidence-based treatment by the National Institute on Drug Abuse and the U.S. Surgeon General reports. The Office of Juvenile Justice and Delinquency Prevention recognized MST as one of their 10 Blueprints Model programs, and was a recipient of the Annie E. Casey Foundation "Families Count" award.

The CBS Evening News, NBC's Dateline, NPR's Weekend Edition, the Tokyo Broadcasting System, the Australian Broadcasting System, and the Canadian Broadcasting System also featured MST in media reports.

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Nurse-Family Partnership

The Nurse-Family Partnership is a voluntary prevention program employing trained nurses to work with low-income, first-time parents from early pregnancy through the child's second birthday. Nurses make frequent home visits using the program's guidelines and resources to help families achieve three important goals: (1) to improve pregnancy outcomes by helping women improve their health-related behaviors, including reducing use of cigarettes, alcohol, and illicit drugs; (2) to improve child health and development by helping parents learn to provide responsible and competent care for their children; and to improve families' economicself-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find employment.

The Nurse-Family Partnership trains nurses to make home visits following program guidelines that are adapted to the unique needs of each family. Visits are scheduled every one to two weeks over 2 years. The National Center for Children, Families, and Communities provides planning consultation to sponsoring agencies, nurse training, and assistance with program evaluation and quality improvement for each program site.

Clientele

The Nurse-Family Partnership is offered to low-income women who are pregnant for the first time and to their families. The National Center for Children, Families, and Communities works with State and local community agencies to plan, implement, and sustain the program with fidelity to its original design.

Findings and Achievements

Results from three longitudinal, randomized, controlled research studies demonstrate reductions in smoking during pregnancy, childhood injuries, child abuse, juvenile crime, maternal crime, problems related to maternal substance use, and welfare dependency. Studies were conducted with Caucasian, African-American, and Hispanic families in urban and semi-rural environments. At the invitation of the U.S. Department of Justice and a number of local communities, the National Center for Children, Families, and Communities at the University of Colorado has instituted the program in over 30 new communities and has begun to serve more than 14,000 new families in nonresearch settings.

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The Positive Action Program

The Positive Action Program is a systematic, comprehensive program that uses research-proven strategies and methods such as active learning, positive classroom management, a detailed curriculum with lessons given daily, a schoolwide climate program, parent support and involvement, and community involvement. The program is based on the philosophy that "you feel good about yourself when you do positive actions." The program aligns school, parent, and community components, in which specific positive actions are taught in the physical, intellectual, and social/emotional areas. The program improves a wide range of behaviors (including substance use, violence, and disruptive behavior) as well as academic achievement.

Clientele

Positive Action is used by K–12 schools, Head Start, Evenstart, families, communities, and their various subgroups, in pre- and after-school programs and extracurricular activities,. The adaptable program also can be used by social services, including foster parent programs, therapists, caseworkers, and youth development and detention programs. Positive Action is also used in businesses and corporations, media, faith-based institutions, law enforcement, judicial departments, penal institutions, and mental health services. The program benefits all participants in schools–students, faculty, support staff and administration-family members, and community members. It is effective in urban, suburban, and rural areas and with all types of minority and special needs students.

Program Objectives and Activities

Positive Action was adopted by a school which uses it schoolwide. Positive Action staff or school personnel conduct training/staff development prior to beginning the program by using the Positive Action workshop materials. Administratively, the program is guided by the principal with the assistance of a coordinator and a committee. The curriculum is taught by all the classroom teachers 15 minutes a day, four days a week, using a grade-appropriate kit containing a manual with all the lesson plans and materials. The school climate program involves everyone in the school, reinforcing positive actions they observe throughout the school day. Positive Action staff can provide training in the use of the program to all school staff (not only teachers). This usually consists of one day before or at the beginning of the school year, one half-day mid-year, and one half-day at the end of the year.

Findings and Achievements

Data from various comparison group designs involving more than 100 elementary schools delivering the Positive Action program demonstrate consistent positive effects of the program on student behavior (discipline, suspensions, crime, violence, and drug use), performance (attendance and achievement), and self-concept. Relative to comparison schools, those that implemented PositiveAction experienced reduced violence and drug use, criminal bookings, suspensions, and truancy; and improved general discipline, absenteeism, achievement, and self-concept. These results were obtained from various schools (high and low minority representation, mobility rates, and poverty) in different States and at different times (from the 1970s through 2000). Results were often better in more disadvantaged schools. Some results were reported in Flay, Allred, and Ordway, "Prevention Science" (2001).

Positive Action was featured as an effective program by the U.S. Department of Education, the Northwest Regional Educational Laboratory, the EducationCommission of the States for Comprehensive School Reform, the

Character Education Partnership,Chicago Public Schools, and the New Jersey Department of Education. The program was used in more than 7,000 schools nationally and internationally. Evaluation data, from the first developmental days to the present time, consistently show the program to be effective at improving school climate; teacher performance; parent involvement; and student self-concept,behavior, and achievement.

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Preparing for the Drug Free Years (PDFY)

Preparing for the Drug Free Years (PDFY), one of the most widely used parent training programs over the past decade, helps parents of children in grades four through eight reduce known risks that contribute to drug use and other problem behavior by strengthening important protective factors in the family. PDFY specifically assists parents in setting a clear family position on alcohol and drug use, developing skills to help their children refuse drugs, building family bonding and conflict management, increasing family involvement and activities, and acquiring family management skills.

Clientele

PDFY is focused on the positive development of children in the middle years (upper elementary and middle school grades) and targets the parents of children in this age range.

Major Services

PDFY is a multimedia workshop-based training program for parents. Two leaders facilitate the PDFY workshop, of which one is a parent from the community. It is a flexible curriculum, designed for universal application and adaptable to a broad rangeof cultures and backgrounds. The program is a 10-hour workshop curriculum in a flexible format, usually held in five, two-hour sessions. Videos and Family Guides provide a framework for interactive, reality-basedactivities for parents and children. The videos depict families in vignettes that relate to the session topic and prepare participants with skills. Parents and children are encouraged to use the videos and Family Guides to practice these skills.

A three-day training event can help prepare the workshop leader to effectively facilitate the PDFY workshop. Certified trainers help the leaders implement the curriculum.

Findings and Achievements

PDFY was tested for effectiveness as a component of the Seattle Social Development Project and independently evaluated in Project Family in Iowa. The Project Family study demonstrated that PDFY reduced youth alcohol use by nearly 20 percent and marijuana use by more than 35 percent. PDFY was selected as an outstanding prevention program by:

- The Expert Panel of the Safe and Drug-Free Schools Program, which named PDFY a "promising program."
- The Office of Juvenile Justice and Delinquency Prevention (OJJDP), which named PDFY an "Exemplary 1" program—the highest possible program rating. PDFY was the only parent training program for parents of children 8 to 14 years old awarded this status.
- OJJDP also selected PDFY as one of their 10 Blueprints Model programs.
- The National Institute on Drug Abuse (NIDA) featured PDFY in the NIDA publication, “Preventing Drug Use Among Children and Adolescents,” which listed PDFY as a research-based program with positive results.

- The Centers for Disease Control and Prevention, named PDFY one of the "Best Practices of Youth Violence Prevention."
- The U.S. Surgeon General "Youth Violence: A Report of the Surgeon General," which named PDFY a model program.

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Project ACHIEVE

Project ACHIEVE (The Stop and Think Social Skills Program) is a research-based school reform program that uses schoolwide training and classroom-based interventions to maximize academic, social, emotional, and behavioral outcomes for all students. Project ACHIEVE uses a systematic professional development approach that consists of seven primary components and skill areas. The Stop and Think Social Skills Program is a major part of the fifth component that focuses on developing an effective school-wide Positive Behavioral Support and Management System using prosocial, student self-management, and self-control skills. The rest of this system helps schools develop teacher, grade-level, and building-wide accountability (i.e., incentive and consequence) systems; staff and student consistency; and other safety and crisis-prevention approaches. These systems and skills result in a safer, more positive school.

Clientele

Project ACHIEVE has been implemented primarily in preschool through middle school settings, although it has been adapted for use in high schools, juvenile justice facilities, and centers for special needs students. While students are the primary focus ofProject ACHIEVE's goals and outcomes, teachers, administrators, parents, and community-based agency personnel are directly involved in Project ACHIEVE's training and professional development activities.

Major Services

Project ACHIEVE works to:

- Create a school climate in which each teacher, staff member, and parent believes that everyone is responsible for every student in that building and community
- Enhance the problem-solving skills of teachers and administrators
- Strengthen the school and classroom management skills of school personnel and the prosocial and self-management skills of students
- Ensure that the school provides comprehensive services to students with below-average academic performance
- Improve the social and academic progress of students by increasing the awareness, involvement, and/or effectiveness of parents and the community in the education of their children
- Validate the various components of Project ACHIEVE and develop a school's building of or district's capacity to independently maintain the program and expand it to other (school) settings. This is accomplished by providing training that results in the following services:
    - Implementing school-wide social skills using the Stop and Think Social Skills program
    - Developing school-wide positive behavioral support and discipline systems
    - Designing safe schools from positive student behavior to crisis intervention
    - Conducting functional behavioral assessments leading to effective interventions
    - Conducting behavioral interventions for challenging and difficult-to-teach students
    - Conducting prevention, intervention, and crisis response approaches for troubled students and concerned schools

- Designing effective child study teams toward effective pre-referral interventions
- Evaluating classroom environments and designing more effective classrooms
- Designing curriculum-based assessment leading to effective instructional interventions
- Designing and implementing school reform efforts that work
- Designing strategic planning and organization skills at the district and school levels
- Implementing best practices in supervision processes
- Designing and implementing successful parent involvement programs
- Developing data management systems that facilitate formative and summative evaluations

Findings and Achievements

In general, Project ACHIEVE's components were found to: (1) decrease special education referrals and placements; (2) decrease overall discipline referrals to the principal's office, in addition to decreasing classroom-based and school bus discipline referrals to the school principal; (3) decrease out-of-school suspensions; (4) decrease need to repeat a grade level; (5) improve school climate; and (6) improve student achievement rates. Project ACHIEVE received the following recognitions:

- Highlighted at the 1999 Improving America's Schools Conference "Creating Safe Schools and Healthy Students Institute." Sponsored by the U.S. Department of Education, Tampa, FL, October, 1999.
- Highlighted in Safe, Drug-Free, and Effective Schools for ALL Children: "What Works!" A joint report of the U.S. Department of Education's Safe and Drug-Free Schools and Office of Special Education Programs.
- Cited as an exemplary program relative to school safety at the White House Conference on School Safety, October, 1998, and highlighted in the 1998 U.S. Department of Education/Department of Justice Annual Report on School Safety (October, 1998).

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- Resist internal and social pressures to use
- Work together
- Communicate with parents
- Support others in making nonuse decisions
- Recognize alternatives to substance use
- Learn how to quit using

Project ALERT is a substance abuse prevention program developed by the RAND Corporation of Santa Monica, California. The program focuses on the substances that adolescents use first and most widely: alcohol, tobacco, marijuana, and inhalants.

Successful replication of the Project Alert involves:

- Participation in a one-day training workshop
- Delivering all 14 lessons in sequence over a two-year period
- Promoting parent involvement through home learning opportunities
- Teaching in ways that promote self-efficacy, active student involvement and practice, modeling, reinforcement, validation, respect, and enthusiasm

Clientele

Project ALERT is designed to serve middle school children Project ALERT establishes no-drug-use norms, to develop reasons not to use drugs, and to resist pro-drug pressures. Project ALERT has dramatically reduced the onset of substance use, as well as regular use of drugs among young people. For instance, the program findings include a 30 percent reduction in initial marijuana use and 25 to 50 percent reductions in heavy tobacco use.

Program Objectives and Activities

Project ALERT is designed to motivate adolescents against drug use and help them acquire the skills they need to resist prodrug pressures. It does this by helping adolescents achieve the following objectives:

- Understand the consequences of using drugs
- Develop reasons not to use drugs
- Establish schoolwide norms against drug use
- Understand the benefits of being drug free
- Recognize that most people don’t use drugs
- Identify and counter prodrug pressures
- Resist advertising appeals

Implementing Project ALERT involves the followingactivities:

- Participatory activities and videos to help students establish nondrug norms, develop reasons not to use, and resist prodrug pressures
- Guided classroom discussions and small-group activities to stimulate peer interaction and challenge students
- Intensive role-playing to encourage students to practice and master resistance skills
- Parent-involved homework assignments to extend the learning process

Project Northland

Project Northland is a community-based alcohol use prevention program developed by the University of Minnesota's School of Public Health.

Project Northland is designed for 6th-, 7th-, and 8th-grade students. This program, seeks to delay the age when young people begin drinking, reduce alcohol use among young people who have already tried drinking, and limit the number of alcohol-related problems of young people. In the largest and most rigorous alcohol-use prevention trial ever funded by the National Institute on Alcohol Abuse and Alcoholism, Project Northland has proven to be effective in delaying and reducing alcohol use among adolescents. After three years, students in the project who were nondrinkers at the beginning, drank less than their peers, reduced their smoking by 37 percent, and reduced marijuana use by 50 percent.

Successful replication of the Project Northland involves:

- Student involvement during sixth through eighth grades
- Teacher training (recommended to maintain fidelity of implementation)
- The incorporation of peer leaders at all three grade levels

Program Objectives and Activities

Project Northland is designed to achieve the following objectives:

- Delay the age when young people begin drinking
- Reduce alcohol use among young people whohave already tried drinking Limit the number of alcohol-related problems of young people.

Implementing Project Northland involves the following four components:

- Slick Tracy Home Team Program, which involves students and parents at the sixth-grade level completing fun and educational activities at home. This "home team" approach provides a forum for sixth graders and their families to discuss alcohol-related issues.
- Amazing Alternatives! Program, an eight-session (45 minutes per session), teacher- and peer-led classroom curriculum designed to teach seventh-grade students the skills to identify and resist influences to use alcohol and encourage alcohol-free alternatives.
- PowerLines, an eight-session (45 minutes per session), four-week interactive program for eighth-grade students that is designed to reinforce the messages and behaviors learned in the grades six and seven Project Northland curriculums.
- Supercharged!, which provides step-by-step instructions on how to implement the parent education and community actions components. A three-ring binder, teen handbooks, and game piece set are included.

Awards and Professional Acknowledgments

- Identified by CSAP as a Model Program at the 1999 Exemplary Substance Abuse Prevention Awards ceremony presented at the U.S. Congress.
- Awarded an "A" Rating in "Making the Grade: A Guide to School Drug Prevention Programs," published by Drug Strategies (1999).
- Program recommended by the U.S. Department of Education.
- Published in the "Journal of School Health" (1994), "Journal of School Health" (1996), and "American Journal of Public Health" (1996).

Findings and Achievements

Project Northland sustained widespread participation in the program, including three years of curricula implementation in all intervention schools, parent participation in alcohol education activities, and participation by nearly half of the students in peer-planned, alcohol-free activities outside of school. Outcomes included the following:

- Students drank significantly less at the end of eighth grade. Monthly drinking was 20 percent lower, and weekly drinking was 30 percent lower.
- Students were significantly less likely to be users of both alcohol and cigarettes at the end of the eighth grade; the use of both substances was 27 percent lower.
- Students who were never drinkers at the beginning of the sixth grade not only drank significantly less, they also smoked fewer cigarettes and used less marijuana at the end of eighth grade. Cigarette smoking was 37 percent lower, and marijuana use was 50 percent lower.

Project Northland was effective in changing peer influence to use alcohol, normative expectations about how many young people drink, and parent–child communication about the consequences of alcohol use and the reasons for not using alcohol.

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Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is a selective and indicated program designed to prevent and reduce substance use and abuse among high-risk, multiproblem adolescents in alternative schools. This project places highly trained professionals in alternative schools to provide a full range of substance abuse prevention and early intervention services. Project SUCCESS counselors use the following intervention strategies: information dissemination, normative and prevention education, problem identification and referral, community-based processes, and environmental approaches. In addition, resistance and social competency skills such as communication, decision-making, stress and anger management, problem-solving, and resisting peer-pressure are taught.

Counselors primarily work with adolescents individually and in small groups, conduct prevention/education discussions and programs, train alternative school staff, coordinate the substance abuse services and policies of the school, and refer and followup with students and families needingsubstance abuse treatment. Project SUCCESS links the school to the community's continuum of care. Both youth and parents are referred, when necessary, to human services agencies; community groups; substance abuse prevention and treatment agencies, and other organizations.

Clientele

Project SUCCESS is designed for 14- to 18-year-olds attending alternative high schools in their community. The alternative schools serve high-risk youth with avariety of learning and or behavioral problems, such as poor academic performance, school disciplineproblems, negative attitudes toward school, truancy,pregnancy, and criminal activity. The adolescents targeted for Project SUCCESS are in the middle of the adolescent risk continuum. For most, an alternative school is their last chance for a noninstitutionalized education. Many could end up, or were already, in the juvenile justice, correction, psychiatric, or foster care systems. All are living in the community and are not institutionalized, and the great majority are living with at least one biological, adoptive, or foster parent.

Major Services

- The Prevention Education series—an Alcohol, Tobacco, and Illicit Drug prevention program—is conducted by the Project SUCCESS counselor with small groups of students.
- Individual and group counseling—Project SUCCESS counselors conduct time-limited individual sessions and/or group counseling at school to students following participation in the Prevention Education Series and an individual assessment. There are seven different counseling groups for students.
- Parent programs—Project SUCCESS includes parents as collaborative partners.
- Referral and followup—Students and parents who require treatment, more intensive counseling, or other services are referred to appropriate agencies or practitioners by their Project SUCCESS counselors. Followup is provided to students along with communication with the outside agency.
- Consultation—Project SUCCESS counselors provide suggestions to school staff on how to help students and handle problems.

Findings and Achievements

An evaluation study suggests that Project SUCCESS was highly effective at reducing substance abuse use. Specifically, the study showed a statistically significant 37 percent reduction in the rate of use by the Project SUC-

Project Towards No Drug Abuse (TND)

Project Towards No Drug Abuse (TND) is an ongoing drug abuse prevention project designed to develop and test school-based prevention strategies specifically for high school-age youth. The theoretical background for Project TND is a motivation-enhancement, behavioral skills, decision-aking model. The current version of the TND curriculum consists of 12 45-minute interactive sessions, which provide an awareness of stereotyping influences, drug use myths, the course of addiction and other consequences of use, and the importance of health as a value (motivation material). The sessions emphasize listening, communication, prosocial coping skills, conflict management, tobacco cessation, and self-control skills (skills material); as well as the connections between thinking, choices and behavior; attitudinal perspective-taking; and the decisionmaking process (decisionmaking material).

Clientele

Project TND serves high school students, departments of health, and educators.

Major Services

Project TND provides a motivational, behavioral, and decision-making model to be used in the prevention of drug abuse and weapon carrying among older teens in regular and alternative high school settings.

Findings and Achievements

Parameters of this program were investigated in three true experimental field trials thus far, involving a total of approximately 3,000 youth. At one-year followup, TND produced a 27 percent, 30-day prevalence reduction in cigarette smoking; a 22 percent prevalence reduction in marijuana use; a nine percent prevalence reduction among baseline alcohol drinkers; a 26 percent prevalence reduction in hard drug use; and a 25 percent prevalence reduction in weapon-carrying. Project TND was:

- Included in the new National Institute on Drug Abuse "Red Book" Program.
- Chosen as a Health Canada Exemplary Program.
- Chosen as a Sociometrics, Inc., Model Program.

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Reconnecting Youth

Reconnecting Youth (RY) is a school-based, indicated prevention program for youth. This semester-long program was developed by Leona Eggert and Leila Nicholas of the University of Washington.

Evaluation of the program has demonstrated improvement in participating students' school performance and a decrease in drug involvement, depression, anger and aggression, and suicidal behaviors, among other problem behaviors.

Clientele

RY targets students in grades 9 through 12 who are at high risk for dropping out of school and who may demonstrate multiple problem behaviors, such as substance abuse, aggression, and depression. RY emphasizes three primary goals: increasing school performance, decreasing drug involvement, and improving mood management.

Program Objectives and Activities

RY is designed to achieve the following objectives:

- Improved grades in all classes
- Decreased daily class absences
- Increased credits earned per semester
- Decreased high school dropout
- Curbed progression of alcohol and other drug use
- Decreased drug use control problems
- Decreased hard-drug use
- Decreased adverse drug use consequences
- Decreased suicidal behaviors (threats, thoughts, and attempts)
- Decreased anxiety and perceived stress
- Decreased depression and hopelessness
- Decreased anger control problems and aggression

Findings

Relative to randomly selected controls, the high-risk youth (potential high school dropouts) participating in RY evidenced significantly different trends in:

Improved School Performance

- Grades in all classes: 18 percent improvement for RY students vs. 6 percent decline for controls
- Credits earned per semester: 7.5 percent increase for RY students vs. 24 percent decline for controls
- High school dropout rates: 26 percent dropout rate for RY students vs. 39 percent dropout rate for controls
- School bonding: 13 percent increase for RY students vs. 1 percent decrease for controls

Decreased Drug Involvement

- Alcohol and other drug use: 7 percent decline for RY students vs. 14 percent increase for controls
- Hard-drug use: 54 percent decrease for RY students vs. 45 percent increase for controls
- Drug use control problems and adverse consequences: 24 percent decline for RY students vs. 18 percent increase for controls

Decreased Emotional Distress

- Suicidal behaviors (threats, thoughts, and attempts): 80 percent decline for both RY students and controls (both received a suicide-risk assessment, crisis intervention and connections with school personnel and parents)
- Anger control problems and aggressive tendencies: 48 percent decrease for RY students vs. 30 percent decrease for controls
- Perceived stress: 32 percent decline for RY students vs. 21 percent decline for controls

Increased Personal Control

- Self-efficacy in handling personal problems: 23 percent increase for RY students vs. only 2 percent increase for controls

Causal Factors Linked with Outcomes

- RY teacher support influenced increased school performance, decreased drug involvement, and decreased depression and suicidal behaviors.
- RY peer group support influenced decreased depression and declines in suicidal behaviors.
- Monitoring attendance was linked with decreased marijuana use and declines in drug involvement.
- Skills training in self-esteem enhancement, decisionmaking, and personal control was linked with decreases in drug involvement and adverse drug use consequences.

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Residential Student Assistance Program (RSAP)

The Residential Student Assistance Program (RSAP) is a five-year demonstration project in Westchester County, New York, that has dramatically reduced substance use among institutionalized adolescents at risk. RSAP is adapted from the county's highly successful Student Assistance Program, similar to the Employee Assistance Programs effectively used by industry to identify and aid employees whose jobs and lives have been harmed by substance use.

The specific facilities involved in this project included a locked county correctional facility; a nonsecure residential facility for juvenile offenders sentenced by the court; a residential treatment center for adolescents with severe psychiatric problems; and three foster care facilities for abused, neglected, orphaned, or troubled adolescents placed by social service agencies.

Successful replication of the RSAP model involves:

- Prevention education discussion groups
- Individual and group counseling
- Training for and consultation with the residential facility staff
- Referrals for treatment and 12-Step meetings

Clientele

RSAP is uniquely designed to address the needs of seriously troubled 14- to 17-year-olds. The original participants were primarily African American and Hispanic. RSAP can be implemented in virtually any residential facility for adolescents.

Program Objectives and Activities

The RSAP program is designed to achieve the following objectives:

- Decrease adolescents' use of alcohol, tobacco, and marijuana
- Enhance the resiliency of adolescents whose parents are substance abusers
- Delay adolescents' initial use of drugs
- Boost the ability of residential facility staff to implement substance abuse prevention strategies

A highly trained, professional Student Assistance Counselor (SAC) provides culturally sensitive substance abuse prevention and intervention activities, including:

- Substance abuse assessment of all new residents entering the facility
- The Prevention Education Series curriculum for youth to help identify adolescent substance users and children of substance abusers, encourage self- and peer-referrals, and provide primary prevention activities for nonusers
- Individual educational and motivational counseling for residents whose parents are substance abusers
- Group counseling for adolescent substance abusers and residents whose parents are substance abusers

- Group counseling to help residents identify and resist social and situational pressures to use substances, and to help correct misperceptions about substance use
- Outreach activities to engage residents who are reluctant to discuss alcohol and drug problems
- Substance abuse treatment referrals
- Resident participation in 12-Step meetings

Findings

- Adolescents in the treatment group showed dramatic reductions in the use of alcohol, marijuana, and tobacco from pre- to post—test measures, while in-house comparison youth showed relatively unchanged rates of use.
- At the two most successful sites, counselors reported that they received enthusiastic administrative support, as evidenced by attractive offices where private individual sessions could be held, provision of a meeting place for groups, consistent scheduling of group meetings at times that did not interfere with other residential facility activities, and access to dependable transportation for additional off-campus support group meetings, such as Alateen and Alcoholics Anonymous.
- Change in use of alcohol within past 30 days: 81.8 percent of those who did not report use at pretest remained nonusers. Of the users at pretest, 72.2 percent no longer reported use at posttest.
- Change in marijuana use within past 30 days: 83.3 percent of those who did not report use at pretest remained nonusers. Of the users at pretest, 58.8 percent no longer reported use at the posttest.
- Change in tobacco use within past 30 days: 78.4 percentof those who did not report use at
- pretest remained nonusers. Of the users at pretest, 26.9 percent no longer reported use at posttest.

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SAFE Children

The SAFE Children program is a partnership between the Institute for Juvenile Research at the University of Illinois at Chicago and eight Chicago public schools. The program emphasizes helping families manage child development in high-risk environments. It is based on the "developmental-ecological model," which focuses on how characteristics of neighborhoods and schools affect children and families and determine how well a child does in school and later in life. The program aims to help with the transition to elementary school, make that first year successful, and set a firm base for the future. Families with children entering first grade and living in inner-city, high-crime neighborhoods are enrolled in a 22-week family program that emphasizes developing support networks among parents, parenting skills, and understanding of schools and related child development issues. In addition, children are provided tutoring in reading to ensure mastery of basic reading skills in the first year of school.

Clientele

SAFE Children focuses on families with children entering first grade and living in "high-risk" communities.

Major Services

SAFE Children coordinates multiple family groups, family support networks, reading, and tutoring services.

Findings and Achievements

The SAFE Children program results in improved academic achievement in children, improved maintenance in parental involvement in school (instead of the typical pattern of a severe dropoff), improved parenting skills, and improved social competence and behavior in children.

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Smart Leaders

This model program is a two-year booster program for youth who have completed "Stay SMART," a component of Boys & Girls Clubs of America's SMART Moves program. It reinforces the substance abuse prevention skills and knowledge of the first program, with sessions on self-concept, coping with stress, and resisting media pressures.

SMART Leaders is a curriculum-based program that uses role-playing, group activities, and discussion to promote social and decision-making skills in racially diverse 14- to 17-year-olds. This model program is a two-year booster program for youth who have completed "Stay SMART," a component of Boys & Girls Clubs of America's SMART Moves program. It reinforces the substance abuse prevention skills and knowledge of the first program, with sessions on self-concept, coping with stress, and resisting media pressures. As participants advance in the program, they are involved in educational discussions on substance abuse and have the opportunity to recruit other youth for the program and assist with sessions offered to younger boys and girls. Evaluation results show the effectiveness of this multiyear approach in promoting refusal skills and creating drug-free peer leaders. The SMART Leaders program, with other SMART Moves components, can be implemented in community-based youth organizations, recreation centers, and schools, in collaboration with all local Boys & Girls Clubs. All the demonstration projects were implemented in Boys & Girls Clubs, a number of which are in or adjacent to public housing projects.

Successful replication of the SMART Leaders model involves:

- Structured experiential and discussion sessions for youth
- Youth activities/outings

Program Objectives and Activities

The SMART Leaders program is designed to achieve the following objectives:

- Strengthen adolescents' resistance to substance abuse
- Increase adolescents' knowledge of and negative attitudes toward substance abuse
- Increase adolescents' knowledge of and negative attitudes toward substance abuse

The SMART Leaders activity component consists of three parts:

- An educational curriculum focusing on self-esteem, coping with stress, and resisting pressures to use drugs and to engage in sexual activity
- Peer leadership activities
- Monthly youth activities

Findings and Achivements

Findings are based on outcome data for Cohort 1 youth who participated in four testing occasions over the 27 months of the program in three groups of Boys Clubs: 54 youth in Stay SMART + SMART Leaders group, 52 youth in the Stay SMART only group, and 55 youth in the no-program Control group.

- At both the 15-month and 27-month post—tests, only youth in the Stay SMART + SMART
- Leaders group showed significantly less approval of alcohol and marijuana use ($p < .05$) and significantly lower marijuana-related behavior ($p < .05$) than the Control group. Both the Stay SMART + SMART

Leaders group and the Stay SMART only group showed significantly less cigarette-related behavior, overall drug-related behavior, and greater knowledge concerning substance abuse than the Control group (ps < .05). Both the Stay SMART + SMART Leaders and the Stay SMART only groups also reported less alcohol-related behavior, more negative attitudes toward adolescent sexual activity, and lower levels of recent sexual activity than the Control group over the 27-month period.

- For alcohol-, cigarette-, and overall drug-related behavior, only the Stay SMART + SMART Leaders group showed more marginally significant or significant positive effects than the Stay SMART Only group and the Control
- group at the 27-month posttest, suggesting that a pattern of booster program effects may just have been emerging 2 years after the initial Stay SMART program.

Contact Information

The Boys & Girls Club of America is responsible for providing training, technical assistance, and materials. Please contact your local Boys & Girls Club of America directly for assistance.

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Skills, Opportunities, and Recognition (SOAR) Program

SOAR is a scientifically-tested, comprehensive, school-based program designed to promote positive youth development and academic success. The program is a school-wide, school climate program for elementary schools that promotes the healthy development of young people by increasing skills for successful participation in the family, school, peer group, and community; opportunities for active involvement in family and school; and consistentrecognition for effort and improvement. A SOAR school provides social skills training for elementary students, training for their teachers to improve methods of classroom management, and instructionon providing developmentally sequenced parentingworkshops. The long-term results indicate thatstudents in SOAR classrooms are more committed to school, have better academic achievement, and have less misbehavior in the school and the community. SOAR was tested as the Seattle Social Development Project (SSDP), developed by Drs. J. David Hawkins and Richard Catalano of the University of Washington's Social Development Research Group,and is based on their Social Development Theory.

Clientele

SOAR is focused on the positive development of children in elementary school. The objective is to make a significant impact on known risk andprotective factors for substance abuse, violence and aggressive behavior, and academic success before the critical middle school years, when children are most typically beginning to engage in risk behaviors. By increasing protection for children and putting them on a positive trajectory, SOAR can help reduce the overall number of at-risk youth entering the middle school years.

Major Services

Each SOAR school is a learning community promoting intellectual and social development through challenging instructional programs and caring classroom, school, and family environments. The program includes three basic components: school, family, and peer.

Findings and Achievements

SOAR, tested as SSDP, demonstrated in several evaluation studies a significant impact on academic achievement, substance abuse, and violent behaviorin youth. Immediate outcomes show significantreductions in early childhood aggression; greater attachment and commitment to school; higher levels of classroom participation, and lower rates ofinitiation of alcohol, marijuana, and tobacco use compared to controls schools. Additional results show higher levels of social skills, better work skills, higher scores on standardized tests, lower levels of interaction with antisocial peers, and lower levels of delinquency initiation.

A long-term followup of students (six years after the intervention was completed) showed significanteffects on problem behaviors at age 18. Intervention students reported more commitment and attachmentto school, better academic achievement, and less school misbehavior than controls at age 18. In addition, fewer students had engaged in violent delinquent acts, heavy drinking, and sexual activity.

SOAR, as SSDP, was selected as an outstanding prevention program by:

- The U.S. Surgeon General, "Youth Violence: A Report of the Surgeon General"
- The U.S. Department of Education's "Safe, Disciplined, and Drug-Free Schools" Expert Panel
- "Preventing Crime: What Works, What Doesn't, What's Promising"
- The National Institute of Justice. "Preventing Drug Use Among Children andAdolescents," the National Institute on Drug Abuse

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Social Competence Promotion Program

The 45—session Social Competence Promotion Program for Young Adolescents (SCPP-YA) is a social and emotional learning program that has three modules. The first module includes 27 40-minute lessons of intensive instruction in self-control, stress management, social problem-solving, and communication skills. The other modules include two nine-session programs that teach students to apply these personal and social competencies to the prevention of substance use and high-risk sexual behavior. This one-year program has produced benefits with diverse fifth- through seventh-grade populations. It is most effective when offered in the context of coordinated, multiyear social development and health-promotion programming.

Clientele

SCPP-YA is a school-based program that is most effective with middle school students from grades five through seven. It has been used successfully with Caucasian, African-American, and Latino students from different socioeconomic levels. Classroom teachers and pupil personnel support staff typically implement the program.

Major Services

SCPP-YA is a classroom-based program that emphasizes (1) the enhancement of children's self-control, stress management, problem-solving, and communication skills, and (2) the prevention of substance use and high-risk sexual behavior. The modules are presented with very detailed lesson plans to foster high-quality implementation. In addition, training is provided to school staff so that the program is well implemented in the classroom and supported and reinforced by educators and families.

Findings and Achievements

Several controlled studies indicate that SCPP-YA improves students' skills, attitudes, and behaviors. In addition, process evaluations show that students, teachers, and parents respond very favorably to the program. Also, research indicates that SCPP-YA improves students' problem-solving skills, social relations with peers, and behavioral adjustment. Program students made greater gains than control students in the number, effectiveness, and the planning of alternative solutions they generated to solve problem situations. Furthermore, program students' alternatives included fewer aggressive and more compromise solutions than controls, and they employed more adaptive stress-management strategies when faced with situations that make them upset or anxious.

SCPP-YA training also enhances positive involvement with peers as measured by self-report and teacher ratings. Results from confidential self-report surveys indicate that relative to controls, program students engage in less antisocial behavior, become less inclined to use drugs, and are less likely to engage in excessive alcohol use.

Program teachers reported that SCPP-YA classes most positively affected students in the following areas: feeling good about themselves, recognizing the negative effects of drugs and avoiding them, and recognizing behaviors that reduce the risk of pregnancy and AIDS.

SCPP-YA also benefits teachers who implement the program. One study with teachers who completed confidential surveys indicated that 89 percent said the program helped them communicate better with students; 85 percent handled stress better in their own lives; and 96 percent were better able to solve problems in their own lives. SCPP-YA is also remarkable for its sustainability. For example, the New Haven schools implemented this program districtwide for 12 years with their sixth-graders.

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STARS for Families

The STARS for Families (Start Taking Alcohol Risks seriously) program is a health promotion program designed to prevent alcohol use among middle andjunior high school youth. It has undergone more than eight years of research supported by grants from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) of the National Institutes of Health. The program's goal is to prevent alcohol use among middle and junior high school youth. STARS for Families includes media-related, interpersonal, and environmental prevention strategies matched to the specific initiation, change stages, and risk and/or protective factors of individual children. All prevention strategies are based in the Multi-Component Motivational Stages (McMOS) theoretical model (Werch and DiClemente, 1994). This innovative program has been shown to result in avoidance of, or reductions in, alcohol use among youth, which has been linked to the occurrence ofsocial problems, injury, illness, death, and rising health care costs.

Clientele

The STARS for Families program targets middle and junior high school youth in clinical and nonclinical school settings.

Major Services

The STARS for Families program provides the following services:

- Health Care Consultations. The health careconsultation protocol permits brief (20-minute)standardized health care provider nterventions for youth within specific stages of alcohol initiation and change, while providing a full range of prevention messages addressing risk and protective factors associated with stages of alcohol initiation.
- Key Facts Postcards. Key Facts Postcards mailed to parents/guardians permit parent-child alcoholcommunication and help parents/guardians talk to their child about staying away from alcohol. Parents/guardians are mailed 10 postcards, each with different Key Facts addressing the same risk/protective factors found in the health care consultation protocols. A tear-off, postage-paidportion of the card permits each parent/guardian to provide process data regarding whether he or she talked to his or her child about the key fact message and how useful the message was in helping the parent talk to his or her child about preventing alcohol use.
- Parent/Guardian Take Home Lessons. The Parent/Guardian Take Home Lessons provide a set of brief alcohol prevention activities for parents and/or guardians and their children to complete and return.Each lesson includes a cover letter describing the program, a set of three activity sheets, a contract which has the child promise to avoid alcohol use, and a feedback sheet to collect process data regarding parent/guardian use of and satisfaction with each lesson.

Findings and Achievements

Results from three pilot studies of brief stage-based interventions using primary health care providers to interface with youth within a nonclinical school setting indicate that such prevention strategies are feasible, well received by targeted youth, and result in significant reductions in alcohol consumption. Results of a randomized trial of the STARS for Families intervention within two inner-city schools indicate that the brief, primary care-based preventive intervention is viewed as effective and useful by participating youth, parents, and nurses and results in significant reductions in alcohol consumption and initiating alcohol use.

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The Strengthening Families Program

The Strengthening Families Program (SFP) is a research-based prevention program coordinated by the University of Utah's Health Promotion and Education Department in Salt Lake City, Utah.

In general, children showed decreased impulsivity, improved behavior at home, improved sibling relationships, and decreased use of and intent to use drugs. Parents reported significantly decreased drug use, stress, depression, and use of corporal punishment. Increased parental efficacy, ability to plan family-oriented activities, clarity of rules and decreased social isolation of parents were also found.

Clientele

SFP targets the families of children age 6 through 11 who are at risk of substance abuse. The program focuses on family attachment and bonding, family supervision, family communication of values, and no drug use expectations. SFP interventions consist of parent training, social and life skills training curriculums for elementary-aged children, and family practice sessions.

Program Objectives and Activities

SFP is designed to achieve the following objectives:

- Decreased use and intention to use drugs among children and adults
- Decreased children's behavior problems Increased children's social and life skills
- Increased family cohesion, communication, and organization
- Decreased parental drug use, stress, and depression
- Decreased risk factors and increased resilience, assets, and protective factors for children and adults

Implementing SFP involves the following activities:

- Hiring and training at least four effective group leaders
- Recruiting families by stressing improvements in family relationships, parenting skills, and youths' behaviors and grades
- Using creative recruitment and retention strategies matched to the needs of the participating families, including special incentives such as family meals, transportation, and child care
- Running SFP in its entirety once per week for 14 weeks or in alternative formats, such as twice per week or at retreat weekends

- Having families eat meals together, attend separate classes for parent training and children's skills training, and participate together in structured family activities
- Conducting a needs assessment and evaluating the program using standardized family, parent, and child outcome measures and using those outcome and process measures for continuous quality improvement

Findings

NIDA-, NIAAA-, and NIMH-funded research and a number of independent CSAP-funded program evaluations have found positive outcomes for SFP participants. Outcome results are consistent across replications and modifications for ethnic families. Pretest, posttest, and 6-month to 5-year followup measures demonstrate that relative to controls:

- The Parent Training (PT) program was very effective in reducing the children's antisocial behaviors, aggression, and conduct disorders by improving the parents' effective discipline, family management skills, and supervision of the child.
- The Children's Skills Training (CT) program improved the children's social and life skills, including improved peer resistance; problem solving; communication; and ability to make positive friends, identify feelings, and control anger.
- The Family Skills Training (FT) program improved the family's time together, communication, cohesion, planning, and organization, and reduced their high levels of family conflict.
- The full Strengthening Families Program (SFP) (including the complete three-component program) is the most powerful because it has an impact on more risk and protective factors predictive of later problem behaviors.

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The theory underlying Project TND is that young people at risk for drug abuse will be best able to not use drugs if they: (1) are aware of misleading information that facilitates drug use and are motivated to not use drugs (e.g., drug use myths, stereotyping); (2) have skills to help them bond to lower risk contexts (e.g., coping, self-control); (3) appreciate the consequences that drug use may have on their own and others' lives (e.g., chemical dependency); (4) are aware of cessation strategies; (5) and have decisionmaking skills to make a commitment to not abuse drugs. The project approach is well suited to a wide variety of senior high school youth at high risk for drug abuse (regular and alternative schools).

Successful replication of the Project TND model involves:

- Delivering 12 lessons, each 40 to 50 minutes in duration.
- Project TND model involved the addition of three more lessons (to target marijuana use and cigarette smoking). This current model is designed to be delivered during a four-week period, although lessons could be spread over six weeks on the condition that all lessons are taught.
- To be successful, the program should be teacher led and classroom based. Neither the use of a school-as-community component, nor use of a self-instruction version of these lessons, contribute to the effectiveness of the program.

Clientele

Project TND was completed originally on students in 9th to 12th grades. The students were older youth, who were already using substances at or above the national average. Project TND has been implemented with white non-Hispanic, Latino, African-American, and Asian-American adolescents, ages 14 to 19 years.

Contact Information

Project Toward No Drug Abuse is a newly identified program. If you would like additional information about this program, please contact the Program Developer listed below.

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Appendix F: Promising Programs

Adolescent Alcohol Prevention Trial

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The Adolescent Alcohol Prevention Trial (AAPT) is a classroom-based drug prevention program administered in the fifth grade with booster sessions conducted in the seventh grade. AAPT utilizes two social psychology-based strategies for preventing the onset of adolescent drug use. The first strategy, Resistance Training, is designed to give adolescents the behavioral skills necessary to refuse explicit drug offers. The second strategy, Normative Education (NORM), is designed to correct erroneous perceptions about the prevalence and acceptability of adolescent substance use and to establish conservative group norms. In addition, the program includes instruction about the social and health consequences of adolescent drug use. This component is called Information about Consequences of Use (ICU). In research testing, AAPT students received either information about consequences of drug use only, resistance skills only, normative education only, or resistance skills training in combination with normative education. Results showed that the combination of resistance skills training and normative education prevented drug use, but resistance skills training alone did not.

Asian Youth Alliance

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The Asian Youth Alliance Program (AYA) is a multi-level, ethnic-specific prevention program serving high-risk Filipino and Chinese youth ages 15 to 18. The long-term goals of decreasing high-risk behaviors and substance use among Chinese and Filipino youth living in Daly City are accomplished by successfully altering intermediary knowledge, attitudinal, and skill deficits. The AYA model empowers communities by enhancing community resources to strengthen youth and family resiliency and by promoting “no use” attitudes among community members. AYA also provides a school- and parish-based Family Strengthening Intervention program for Filipino families and a peer leadership program that improves the individual life skills of high-risk Chinese youth. AYA has demonstrated success in achieving increased cultural pride, lower tolerance for drugs, and decreased social anxiety.

Baby S.A.F.E. Hawai`i

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Baby S.A.F.E. (Substance Abuse Free Environment) Hawai`i is a comprehensive approach designed to prevent perinatal addiction among pregnant and postpartum women using drugs. The main goals of Baby Safe Hawai`i are: (1) to increase the availability and accessibility of prevention, early intervention, and treatment services; (2) to decrease drug and alcohol use among pregnant and postpartum women; (3) to improve birth outcomes; and (4) to decrease the incidence of infants affected by maternal substance use. Baby S.A.F.E. Hawai`i program components are service-intensive and include home visits; individual, family, and group counseling; education classes on pregnancy, parenting, child development, and substance abuse; and auxiliary services such as child care, financial assistance, prenatal care, and transportation. Baby Safe Hawai`i has demonstrated growth in availability and accessibility of services; improvements in maternal and infant health; fewer pregnancy and delivery complications; and reduced alcohol and opiate use among pregnant and postpartum women.

Be a Star

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Be a Star is a substance abuse prevention program that serves children between the ages of 5 and 12. Be a Star builds on existing community-based after-school programs, focusing on those domains that have shown promise in building resiliency to withstand pressure from peers and the community to abuse drugs. The curriculum consists of weekly group sessions on decisionmaking, cultural awareness, personal competency, and substance abuse. In addition, the program provides support groups for parents and works closely with community residents to place greater emphasis on a safe environment for children. Compared with traditional after-school groups, Be a Star participants showed significant improvements in prosocial behavior, self-concept and self-control, and family bonding.

Club HERO

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Club HERO is an after-school substance abuse prevention program that targets African American sixth grade students. Club HERO is conceptually grounded in literature demonstrating the link between factors within the family environment and an adolescent's decision to use drugs as well as evidence supporting the efficacy of prevention programs that employ social influence and generic skills training models. The multi-component program targets risk and protective factors in multiple domains using seven principal components: (1) a student reward system, (2) homework assistance, (3) a drug-education curriculum, (4) visits from local community heroes who educate students about opportunities available to them, (5) parental involvement in an advocacy project, (6) a gardening and environmental awareness component, and (7) a summer day camp. Evaluations of Club HERO reveal the success of this program in achieving significant increases in students' knowledge of substance abuse and its impact on African American families and communities, as well as increased family bonding.

Family Health Promotion

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Family Health Promotion is a comprehensive approach to prevent future substance use and abuse and behavioral problems among children ages 3 to 11. Family Health Promotion utilizes multiple interventions that target risk and protective factors in child and family domains. The program objectives are to increase significantly individual resiliency factors by enhancing life skills, family management and parenting skills, and knowledge of the program curriculum and cultural competency by local school personnel who work with the targeted youth. The types of activities provided to children include sessions on body management, health awareness and self-care, communication, and socialization. Services for parents include home visits, a parent advisory council, family drug-free weekend activities, parenting workshops, and referrals to community resources. Over time the program reduced parent stress and substance use as well as improved children's school functioning.

Multimodel Substance Use Prevention for Male Delinquents

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The Multimodel Substance Use Prevention (MSUP) program is classroom-based and designed to reduce substance use and abuse and problem behaviors among court-adjudicated males aged 13 to 18. MSUP utilizes three intervention models to address target problems: (1) a cognitive-behavioral social learning model, (2) an anti-violence model, and (3) a values clarification model. The curriculum is delivered in classroom sessions and provides training for understanding the effects of substance abuse on health and behavior; learning how to cope with temptations and pressures to continue using drugs; improving personal and social skills; controlling tendencies toward violence; and clarifying individual values, exploring other values, and attempting to develop and identify with a set of socially acceptable and desired values. Also incorporated into the program are family sessions delivered in the home to youth and their families. In research testing MSUP, participants reported significant reductions in drug use, illegal offenses, and the selling of drugs.

NEW CONNECTIONS-Infant Intervention Program

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The NEW CONNECTIONS program is a family-focused intervention that serves substance-exposed children ages 0 to 6 and their parents. By enhancing protective factors and reducing known risk factors, the program aims to decrease levels of developmental delay and impairment in children; increase levels of child and caregiver attachment and bonding; decrease maternal depression, improve parenting and family management skills; and increase access to and use of health and community support services available to participants. NEW CONNECTIONS maintains positive working relationships with many community partners to provide integrated services to at-risk families. NEW CONNECTIONS provides intervention services for substance-exposed infants and children, parent education classes, and parent recovery support services. In evaluating NEW CONNECTIONS, significant results were reported in knowledge regarding child health and development, and decreased maternal depression and parenting stress.

PAL® Peer Assistance and Leadership Program Services

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Peer Assistance and Leadership (PAL) ® is a school-based peer-helping program designed to reduce substance use and abuse and at-risk behaviors among students in elementary school, middle school, and high school. The target population includes the students selected and trained to serve as peer helpers (PALs) and the students with whom they work (PALees). The program is based on the premise that equipping youth with appropriate knowledge and skills and allowing them to realize their potential in positive, helping relationships with peers, will enable time living safe, healthy, caring lives, and less time getting involved in dangerous activities such as substance use. The types of peer assistance offered include the following: group and one-to-one peer tutoring and mentoring; activities and group discussions on issues such as substance use and career choices; peer mediation and conflict resolution services; community service projects; developing communication, decision-making, and problem-solving skills. In research testing PAL, findings showed a higher GPA, a significant higher percentage of students passing Texas Assessment of Academic Skills (TAAS), a decrease in student absences by more than half, and a decrease of student disciplinary referrals. Furthermore the PAL® and PALee Parents overwhelmingly felt that PAL® made a positive impact on behavior at home, attitude toward school, responsibility, and future thinking/planning.

Perinatal CARE Program

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The Perinatal CARE program is designed to facilitate intervention and prevention strategies for drug and alcohol abusing women who have prematurely delivered cocaine exposed babies. Perinatal CARE utilizes multiple interventions to increase the participants' understanding of the dangers of substance abuse and related risk-taking behaviors; to decrease the number who continue to use drugs; to improve conflict resolution and violence prevention skills; to improve employment capacity; to promote ethnic pride; to decrease the number who participate in high-risk sexual activity; to increase participants' use of health care services; and to form a group of advisors from among the participants to work as resource persons with women with similar life experiences. Perinatal CARE has been effective in teaching appropriate parental discipline strategies, self-esteem enhancement for children, creating structure for children, improving communication between parents and children, and reducing substance use from pregnancy to 48 months postpartum.

Plan A Safe Strategy (PASS) Program

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The Plan A Safe Strategy Program (PASS) is a classroom-based alcohol prevention intervention administered in the tenth grade. PASS utilizes a 12-lesson educational strategy that incorporates extensive role-play and interactive activities. These experiential lessons are designed to weaken students' intentions to drink and drive or to be the passenger of a driver who has been drinking as well as to strengthen the participant's intentions to use alternative strategies and to pre-plan in order to avoid these situations. Additionally, this educational program seeks to reduce students' later involvement in drinking and driving-related situations. Evaluations of PASS demonstrated that attitudes towards drinking and driving and being a passenger in drinking and driving situations and myths about safety in these situations improved significantly among participants. In addition, students from the intervention group were significantly more likely to be prepared to use alternatives in target situations and were more likely to intend to avoid these situations.

Project Link

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Project Link is a hospital-based substance abuse intervention program serving pregnant and postpartum women. Its multi-component strategy incorporates clinical and case management services designed to integrate specialized substance abuse treatment services into the existing maternal-child health system at Women and Infants Hospital of Rhode Island. Clinical services include substance abuse assessment, crisis intervention, psychosocial assessment, individual and group therapy, child and family therapy, toxicology screening, and referral to ancillary services. Case management services include home visiting, parenting assessment and education, monitoring of pediatric visits, HIV education, and GED/literacy tutoring. In research testing Project Link, results revealed that the program was successful in improving the birth outcomes of infants born to women who enroll in the program during pregnancy. Particular areas of success include: more prenatal visits, fewer pre-term deliveries, lower infant positive toxicology, lower discharge to foster care, and more cost efficiency. Additionally, evaluation data showed that women were highly satisfied with the program, noting improved parenting practice, strong participation and availability during home visits, and increased use of services and follow-up with referrals.

Strengthening Hawai'i Families

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Strengthening Hawai'i Families (SHF) is a family-focused substance abuse prevention program administered to Asian and Pacific Islander children in grades three through five and their parents. SHF utilizes a standardized curriculum that incorporates guided discussions, experiential activities, and group sharing during weekly two-hour meetings with groups of six to 10 families. This strategy is designed to prevent substance abuse and related problems by improving family relationships and functioning, parenting skills, and children's social skills and by reducing behavioral problems among children. The program intends to provide families with the opportunity to build on existing strengths, while discovering what tools work best for them to strengthen their relationships with one another and with their communities. Key highlights of the findings include significant reductions in family conflict, significant improvements in family cohesion and family organization, and significant improvement in family communication.

Teams-Games-Tournaments

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The Teams-Games-Tournaments (TGT) program is a classroom-based alcohol prevention intervention administered to high school sophomores, juniors, and seniors. TGT utilizes three strategies within a four-week program for increasing alcohol-related knowledge and decreasing alcohol consumption. These strategies are (1) games as teaching devices, (2) small groups of students as classroom work units, and (3) task and reward structures. These three strategies are designed to reach group achievement in the following areas: learning about alcohol and its effects, including biological, psychological, sociocultural, and physiologic determinants and attributes of alcohol; self-management skills for responsible drinking; drinking and driving; recognizing and treating drinking problems; and assertiveness training to respond to peer pressure regarding alcohol. In research testing TGT, students in participating schools received instruction by one of three methods: the TGT method, traditional instruction, or no instruction. Results revealed that TGT participants, as compared to the traditional and control groups, had significant gains in alcohol-related knowledge, significantly better attitudes toward drinking and driving, and reduced consumption of alcohol overall as well as consumption during any one session.

Teenage Health Teaching Modules

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Teenage Health Teaching Modules (THTM) is a school-based health intervention developed by the Education Development Center of Newton, administered to students in grades six through 12. THTM utilizes an educational-based strategy designed to build the following seven skills: self-assessment, risk assessment, communication, decisionmaking, goal setting, health advocacy, and healthy self-management. The strategy comprises a series of instructional modules grouped by grade level that range in length from six to 15 class sessions and address a wide variety of adolescent health issues. Unlike traditional health instruction, THTM materials are organized according to developmentally based tasks of concern to adolescents rather than by content areas. Additionally, THTM can be used as a stand-alone, comprehensive school health education curriculum or as an adjunct to textbook or other curriculum materials. In research testing THTM, students received either the THTM program or no instruction. Results revealed that both junior and senior high school students exposed to THTM exhibited more knowledge about health issues. Moreover, senior high school students showed desired attitudinal changes as well as reported a reduction in drug use, cigarette smoking, and levels of alcohol consumption.

Tinkham Alternative High School

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The Tinkham Alternative High School is a substance abuse prevention alternative school program that serves at-risk students referred by local high schools. The Tinkham method employs broad-based and multifaceted social learning strategies. The heart of the program, service learning, is designed to provide students with opportunities to "give back" to the community by caring for others. Along with this experiential component, counseling, coaching, mentoring, tutoring, and referral is provided to offer comprehensive student assistance in their service endeavors. In addition, students with substance abuse problems are referred for ancillary services, and family counseling is made available through the school's family resource center. In research testing the Tinkham method, Tinkham students were compared with an at-risk matched sample of traditional high school students. Results revealed that Tinkham students showed significant improvements in their grade point averages from pretest to posttest, significantly higher grades in English and Math at posttest, and a consistent average number of suspensions over the evaluation period as compared to an increasing number for traditional school subjects. Additionally, evaluation findings revealed that Tinkham students with higher levels of participation in service learning activities evidenced significantly higher grade point averages and fewer suspensions than Tinkham students with lower levels of participation in these activities.

Urban Woman Against Substance Abuse (UWASA)

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Urban Woman Against Substance Abuse (UWASA) is a school-based program that targets Puerto Rican, Latina and African- and Caribbean-American girls, and their female caregivers. UWASA is theoretically grounded in social learning theory demonstrating the connection between identified risk indicators—juvenile drug abuse violations, high school dropouts, teen birth rate, sexual abuse referrals—and the primary protective factors identified as cultural and community leadership by female adults. A central feature of UWASA is self-development curriculum that teaches girls to build cultural and gender identity, substance abuse knowledge, HIV awareness, and career options. The program targets risk and protective factors using three principal components (1) the Empowered Voices: A Participatory Action Research Curriculum for Girls, (2) an after-school program, and (3) a mother's component. Evaluations of UWASA revealed the success of this program in achieving a positive and significant effect on HIV/AIDS knowledge. Furthermore, treatment girls appeared to maintain substance use attitudes as healthy as those observed at baseline after the intervention.

Woodrock Youth Development Program

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Woodrock Youth Development Program (YDP) is a substance abuse prevention program designed for minority youth ages six to 14. The program is conceptually grounded in evidence demonstrating the link between ethnic group norms and substance abuse and evaluation findings demonstrating the preventive effects of resistance and cultural competency training, peer mentoring, and family strengthening activities. The goals of YDP are to prevent or reduce substance abuse; to raise awareness about the dangers of use, to improve self-esteem, school attendance, and attitudes toward racial and ethnic diversity; and to reduce aggressive attitudes and behaviors among at-risk elementary and middle school minority youth. The YDP program model comprises three intervention components (1) education, including human relations and life-skills seminars in which role playing and other simulations relevant to drug-use situations are incorporated; (2) a program of structured alternative extracurricular activities both after school and on weekends; and (3) peer mediation. Evaluation findings revealed that compared with control group youth, YDP participants evidenced significant improvements in a decreased substance abuse within the last month; decreased lifetime substance abuse; race relations and cultural sensitivity, and an increase in school attendance

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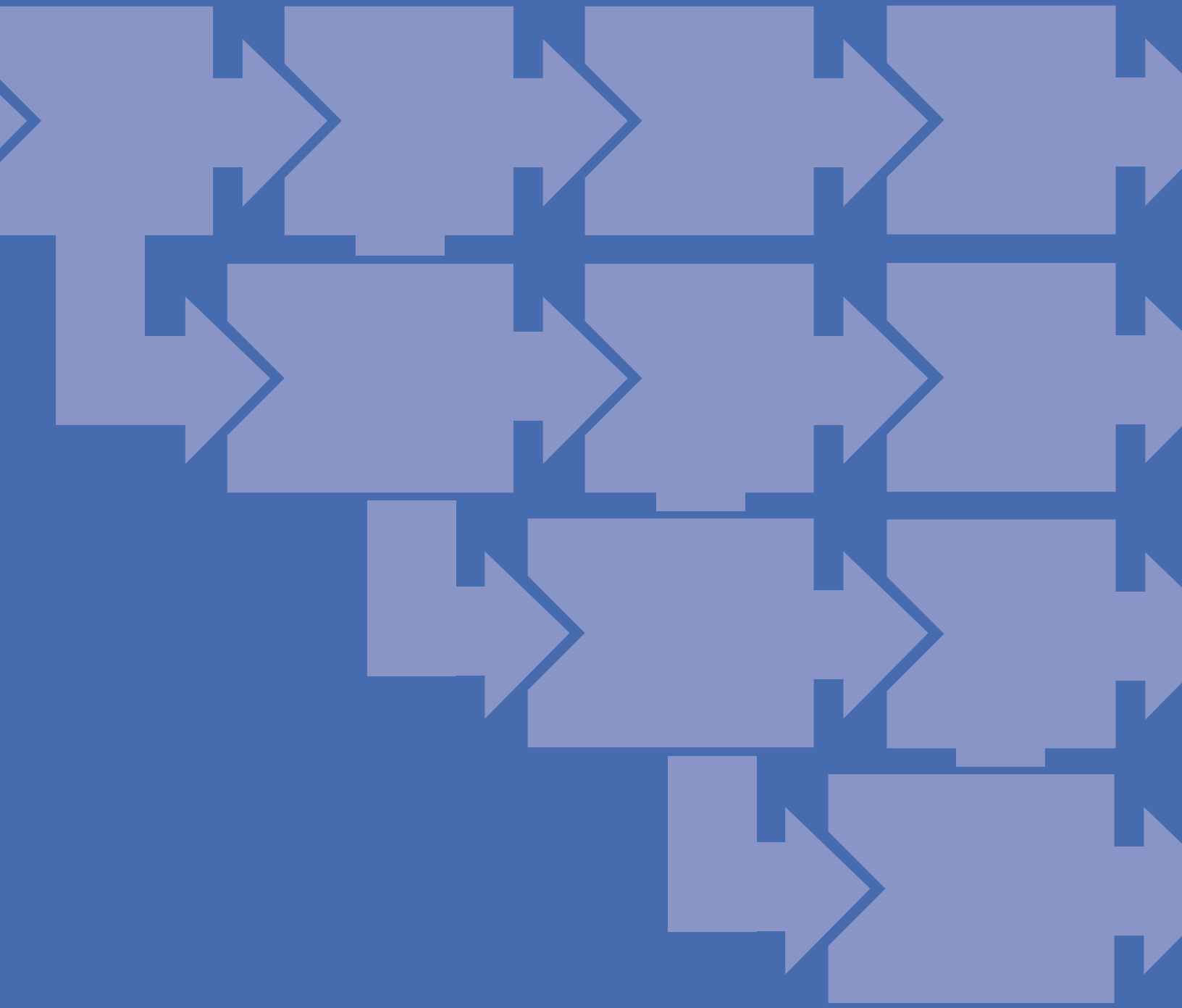

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